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COMMENTARIES

ON

SOME OF THE MORE IMPORTANT

OF THE

DISEASES OF FEMALES.

IN THREE PARTS.

BY

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&c. &c.

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LONDON:
PRINTED FOR
LONGMAN, REES, ORME, BROWN, AND GREEN,
PATERNOSTER-ROW.
1827.

PREFACE.

THE following pages treat of some of those forms of the Diseases of Females, which, from affecting the system in general, or some important cavity or organ, fall under the cognizance of the physician.

It has quite undesignedly occurred to me, at four or five distinct and distant periods, to have my attention particularly fixed upon several different forms of these diseases, which had not before received the degree of attention which appear to me to be due to them. It is now my intention to embody in one work my former ob-

servations*, and to enter more fully into the investigation of these diseases, in the conviction, that a renewed inquiry into their diagnosis, or essential difference under a similarity of appearances, and into their nature, pathology, and treatment, will lead to many important and beneficial results.

The references which I have made below to my former publications upon this subject, will prove that I have not taken up this investigation lightly and inconsiderately; indeed, it has required many years to observe and collect the various facts upon which the present work is founded: yet I wish it to be understood, that I re-

* See an Essay on Disorders of the Digestive Organs and of the General Health, first published in 1818; an Essay on a Serious Morbid Affection, occurring after Delivery, Miscarriage, &c., published in 1820; and Medical Essays on the Effects of Intestinal Irritation, and of Loss of Blood, and on Exhaustion and Sinking from various Causes, published in 1826. See also the Medico-Chirurgical Transactions, vol. xiii. p. 121. and p. 189.

gard this inquiry as only just begun, and as still affording great scope for further investigation.

I have thought it advisable to divide these Commentaries into three parts.

The first part will comprise those morbid affections which are principally incident to female youth. They chiefly involve a state of derangement of the general health, a morbid condition of the functions of the uterine system, and of the mammæ, and, not unfrequently, a defective developement of the form during growth.

The second part will comprehend those morbid affections which supervene during pregnancy, parturition, and the puerperal state. They consist principally in affections of the general system, or of some important cavity or viscus, and, arising from very various or even opposite causes, necessarily vary in their nature and treatment. It may be observed, in general, that the disorders of early pregnancy arise from

the condition or situation of the uterus itself, but from its sympathies with distant organs; but, in the later periods of pregnancy, from the irritation or pressure of the gravid uterus, inducing fulness of the blood-vessels, or other affection, within the head, or œdema of the extremities; during parturition the patient is exposed to the effects of uterine irritation or pressure in a more especial manner, but afterwards to a state of great comparative inanition, both by the removal of a long continued source of pressure, and, generally, by the occurrence of hæmorrhagy; in the puerperal state the patient is variously liable to suffer from milk-fever, and from other kinds of fever, from inflammation, from intestinal irritation, and from loss of blood, — and from two or more of these causes variously combined and co-operating together.

From this slight sketch of the second division of the class of female diseases, it will be obvious that much, very much, still

remains to be done before the investigation into their nature and treatment can be said to be at all complete.

The third part will comprehend those affections which are incident to the middle and later periods of life; they are chiefly constitutional, and consist in derangement of the general health, or arise from undue lactation, from menorrhagia or leucorrhœa, or from the circumstances of the two climacteric periods — of the cessation of the catamenia — and of the decline or sinking of the vital powers in advanced years.

A remaining part of the class of the diseases of females comprises those which are local and confined to the uterine system; these have been so admirably treated of by Mr. C. M. Clarke, that it is only necessary to refer to the work of that author.

Throughout the whole of this work I have endeavoured to condense my observations into as small a space as possible, as it was my wish to comprise the three

parts, of which it consists, in one moderate sized volume.

Before I conclude this short preface, I would beg to observe that, notwithstanding the numerous existing establishments for the care of the sick poor, there are still wanting medical institutions devoted to the distressing cases peculiar to females, to which they might resort with the confidence that the utmost attention would be paid to relieve their sufferings, and to avoid wounding their feelings.

LONDON, *February*, 1827.

CONTENTS.

PART FIRST.

OF THE DISORDERS INCIDENT TO FEMALE YOUTH.

CHAPTER I.

Page

Of the Disorders incident to Female Youth, in general - - - - - 1

CHAPTER II.

Of Disorder of the general Health, in its more acute Form, - - - - - 15

CHAPTER III.

Of Disorder of the general Health, in its more protracted Form, - - . - 41

CHAPTER IV.

Of that Form of Disorder of the general Health, attended by extreme Pallor, or of Chlorosis, 51

CHAPTER V.

Of those Forms of Disorder of the general Health, attended by other Changes in the Complexion, 69

SUPPLEMENT

TO CHAPTERS II. III. IV. AND V.

Page

Further Observations upon the Treatment of the Complications of Disorder of the general Health, - - - - 75

CHAPTER VI.

Of Hysteria, as a frequent Complication of Disorder of the general Health, - - - 80

CHAPTER VII.

Of several other Forms of Disorder of the general Health, in Female Youth, - - 90

CHAPTER VIII.

Of the State of Disorder of the general Health observed in Females returned from India, - 101

CHAPTER IX.

Of the Symptoms and Diagnosis of some Local Inflammatory Diseases, - - - 111

CHAPTER X.

Of the Constitutional Symptoms in Tuberculous Affection in the Abdomen, - - 120

CHAPTER XI.

Of some Affections of the Uterus, and of the Mammæ, - - - - 135

CHAPTER XII.

Page

Of some Local Affections in the protracted Form of Disorder of the general Health, - 143

PART SECOND.

OF SOME DISEASES INCIDENT TO THE PUERPERAL STATE.

CHAPTER I.

Of Puerperal Diseases in general, - - 151

CHAPTER II.

Of the Morbid Affections which occur in the Parturient State, - - - - 161

CHAPTER III.

Of the Morbid Affections which occur in the Puerperal State, - - - - 171

CHAPTER IV.

Of Puerperal Inflammation within the Abdomen, 175

CHAPTER V.

Of the Effects of Stomachal and Intestinal Irritation, - - - - - 194

CHAPTER VI.

Of the Effects of Loss of Blood, in the Puerperal State, - - - - - 223

CHAPTER VII.

Page

Of Mixed Cases; of Puerperal Mania; of the Diagnosis; and of the Treatment, - - 248

CHAPTER VIII.

Cases of the fatal Effects of Blood-letting in Puerperal Affections, - - - 286

CHAPTER IX.

Of Epidemic Puerperal Fever; and of some Local Affections, - - - - 297

CHAPTER X.

Of the Effect of previous Disorder of the general Health, upon the State of the Patient after Delivery, - - - 299

PART THIRD.

OF THE DISORDERS INCIDENT TO THE MIDDLE AND LATER PERIODS OF FEMALE LIFE.

CHAPTER I.

Of the Disorders of the middle and later Periods of Life in general, - - - 301

CHAPTER II.

Page

Of Disorder of the general Health, - - 317

CHAPTER III.

Of the Morbid Effects of undue Suckling, - 334

CHAPTER IV.

Of the effects of Menorrhagia and of Leucorrhœa, 347

CHAPTER V.

Of the Period of the final Cessation of the Catamenia, - - - - - 354

CHAPTER VI.

Of the Local Diseases arising from Disorder of the general Health, in the later Periods of Life, - 358

CHAPTER VII.

Of the Decline of the Vital Powers in Old Age, - 369

Explanation of the Plates.

PART FIRST.

OF THE DISORDERS INCIDENT TO FEMALE YOUTH.

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OF THE DISORDERS INCIDENT TO FEMALE YOUTH.

CHAPTER I.

OF THE DISORDERS INCIDENT TO FEMALE YOUTH, IN GENERAL.

MANY circumstances concur to render the disorders of female youth different from those of the male sex; but chiefly peculiarity of constitution, and that important change which is, at this period, effected in the uterine system.

The peculiarity of constitution existing in the female sex, and modifying its disorders, appears to consist principally in a greater developement of the capillary vessels, and in a greater susceptibility of the nervous system, than are observed in the male sex.

The circulation is obviously more capillary, and the blood more lymphatic; and this is not only the natural character, but, especially, the morbid tendency of the circulation in female youth. There is, from the influence of these circumstances, a peculiar tendency to those affections which are attended by pallor and œdema, and to dropsical and even hæmorrhagic effusions; the former flowing chiefly from the capillary vessels of the serous, the latter from those of the mucous surfaces.

This peculiarity in the natural character, and in the pathology in female youth, has by no means been fully investigated. It leads to various and peculiar states of the complexion and of the general surface; and with these are associated, partly as effects, partly as causes, peculiar states of the blood itself, and of the uterine discharge.

The female sex is far more sensitive and susceptible than the male, and extremely liable to those distressing affections, which, for want of some better term, have been denominated nervous, and which consist chiefly in painful affections of the head, heart, side, and indeed,

of almost every part of the system. These morbid affections are not only painful and distressing, but they are apt to be confounded with others of a more dangerous character; so that, in every point of view, an accurate knowledge of them is of the utmost importance to the physician.

Another circumstance greatly influencing the state of the health and the character of the disorders of female youth, is the growth of the body. Nor is the growth less influenced, in its turn, by the condition of the general health.

Too rapid growth is apt to induce those disorders which involve a state of debility; but more frequently, perhaps, debility of the constitution, or derangement of the general health, impedes the growth and the due developement of the form, of the spine, and of some large cavities of the body, as of the thorax and perhaps of the pelvis, and leads to distortions of the person of a peculiar character.

The change which is established in the uterine system, and in the whole habit of the body in female youth, is of too extraordinary and important a nature not to have great influence

upon the general health; whilst it is no less certain that the condition of the general health exerts great influence over the due establishment of this change.

It is, consequently, at this period of life, and from the influence and operation of these causes, that a foundation is frequently laid for future indisposition and suffering. Too much attention cannot, therefore, be paid to the general health of those young persons in whom this change is expected.

Derangements in the return and flow of the catamenia, after these have once appeared, are also most frequently the effect of some disorder of the general health; so that a continued and watchful attention to this point is still essential. In other cases an undue suppression or flow of the catamenia, or a leucorrhœal discharge, is the cause of derangement of the general health. The question is, therefore, frequently a complicated one; and it becomes still more so, when we take into the account, that a morbid state of the uterine discharges is not unfrequently connected with a morbid condition of the uterus itself, approaching in its nature to inflammation.

The state of the uterus, and of the uterine discharge, also greatly influences that of some other organs and functions, and especially that of the mamma. The approaching flow of the catamenia is usually attended by tumidity and tenderness of the mamma; and some of the diseases of this latter organ are evidently induced by an interruption or morbid flow of the catamenial discharge.

Another example of the influence of the state of the uterus occurs in regard to varicose veins of the leg; this painful and troublesome affection is apt to be aggravated on every approach of the catamenial period. I do not mention other examples of the mutual influence of the functions of the uterus, and of other organs, in this place. This extensive and important discussion is left for a future chapter of this volume.

But peculiarity of constitution, and the establishment of a change in the uterine system, are by no means the only circumstances which modify the disorders of female youth, and render them peculiar, and different from those of the male sex. After these, the influence of a con-

fined and loaded state of the bowels is most prevalent, and most important to be considered; and in conjunction with this, the sad effects of the inactive and sedentary habits which usually obtain at this important period of female life, must be duly appreciated.

Very few young persons escape the evil of a constipated state of the bowels, suspected or unsuspected. In female youth, this state doubtlessly frequently arises from the want of a regular system of active exercises, and, indeed, nothing can enforce the necessity of attention to this source of health more than this consideration. A certain activity of the body appears to be essential to induce an uninterrupted peristaltic movement of the intestines, and the consequent propulsion of their contents. In a state of continued inactivity these movements are retarded, the alvine evacuation becomes scanty and less frequent, but especially scanty, and the intestine remains loaded; in some instances, indeed, the evacuations are more frequent than natural, but, being scanty and insufficient, the bowels still remain loaded, and the

patient is greatly deceived in regard to their real condition.

Another cause of constipation and load of the bowels in young females is, I fear, frequent delay in yielding to the solicitation of nature to evacuate the bowels, in a multitude of circumstances. This point should be repeatedly explained to all young persons.

There is also a predisposing cause of constipation in young females, in the ampler size of the abdomen and pelvis, and of the large intestines, in the female, than in the male sex.

From the operation of these and other causes, a loaded state of the bowels is extremely apt to obtain in female youth, and it certainly proves the source of most of the painful and distressing disorders to which it is exposed.

From this loaded state of the bowels, their functions and those of all the chylopoietic viscera become deranged. The alvine contents become morbid merely by delay, and their morbid presence and condition induce, in their turn, a disordered state of the functions of all the organs subsidiary to digestion, and at length of other organs remotely situated in the animal frame.

And, first, the state and functions of the parts within the mouth become obviously disordered; the secretions are morbid, the tongue loaded and swollen, the gums and internal parts of the cheeks red and tumid, the teeth decayed, the breath tainted, and the saliva sometimes profuse and offensive.

The complexion and general surface of the body then become morbidly affected, and there are pallor, icterode, and other hues, morbid states of each of the textures composing the skin, and frequently œdema. These conditions of the complexion, and of the general surface, vary both in their seat and appearance with the kind and state of the original disorder, and with the state of the tongue and internal mouth. With each of these associated appearances there is a peculiar condition both of the functions of the intestinal canal, and of that of the uterus; and all these affections are variously and characteristically modified by the duration of the malady. It is to be presumed, too, that with the state of the alimentary canal, the organs which contribute to digestion, as the liver, pancreas, &c. are proportionately deranged in their functions;

digestion is variously disordered; the contents of the intestinal tube become morbid; and these again re-act upon each other reciprocally. Nutrition is also frequently impaired, and there is, in consequence, a certain degree of loss of flesh; and it is a point which I have ascertained by repeated observation, that, after a certain duration of a disordered state of the digestion and of the general health, and associated with a peculiar appearance of the tongue, which I have termed the lobulated, there is frequently simple enlargement of the liver. Upon the subject of affections of the liver, however, I would earnestly renew a caution which I gave some years ago, not to consider every icterode hue in the complexion or general surface as denoting disease or even disorder of this organ. This state of the cutaneous surface is frequently the effect of a loaded condition and impaired function of the alimentary canal; and it is, in various instances, an affection of each of the cutaneous textures, or of the cutaneous circulation, altogether independent of any tinge of bile.

I would also briefly observe, in this place, that not only the parts already noticed are implicated

in this morbid state, but that the head, the heart, and other organs, are variously affected in different cases, or at different periods of the same case. To term these various disorders bilious or nervous, or to apply to them any other of the fashionable epithets of the day, would alike afford partial and inadequate views of this comprehensive subject. It is, indeed, of the utmost importance to divest the mind of all exclusive views, and to take into consideration all the circumstances of so complicated an affection.

There is a class of disorders to which female youth is particularly, although certainly not exclusively, liable, each of which consists of a more general morbid affection, frequently combined with some painful topical symptom or symptoms. The general affection is, as we have already observed, complex and various; the local complications are multiform and changeable, and, by their incidental predominance, frequently resemble inflammatory and other diseases, widely different in their nature.

Perhaps no organ is subjected to the influence of the condition of the intestinal canal, in a more marked manner than the uterus. With the

changes observed in the state of the tongue, of the complexion, and of the general surface, precisely proportionate changes take place in the state of the uterine discharges; and, indeed, the very state of these discharges may, in many instances, be ascertained by that of the tongue and of the complexion. I have paid great attention to these associations of appearances, and shall endeavour to describe them fully in the following pages.

From the state of the alimentary canal, probably through the medium of the deranged function of the uterus, the mamma very often suffers; in this manner, some tumours have been induced, which have been mistaken for carcinoma, but which have been removed by restoring the functions of the organs primarily affected.

It would be wrong, even in this rapid sketch of the history of the disorders incident to female youth, to pass by the chief external cause of these disorders with so cursory a notice of them as has been already given. I allude to the baneful but prevalent habits of sedentariness and inactivity in which young persons pass their early years. It is not too much to say, that the

greater proportion of the disorders of female youth originate in the recluse manner in which this truly critical part of life is passed. Instead of having their health invigorated by a free and constant exposure to the open air, and by a regular plan of active exercises, the young persons of the present day are enfeebled and disordered by a system of sedentary studies, pursued in warm and close apartments; an occasional walk, in fine weather, being taken merely as a sort of apology for the total neglect of what alone deserves the name of exercise.

It is to be hoped that the period is not far distant, when, amidst the many and real improvements in education, some attention will be paid to this important point. In every system of education a plan of regular and active exercise should form an essential part. Such a mode of proceeding will invigorate the mind as well as the body, and dispose to study; so that the benefit accruing from it will be apparent even in this less important point of view.

The want of due exercise not only leads to a general feebleness of the frame and of the mind, but it frequently sadly interferes with the

growth and developement of the form. Many examples of this kind have fallen under my notice. They have chiefly occurred in female youth, scarcely ever in boys; and many of them have first attracted attention when the young person has returned from a school, in which little attention had been paid to exercise and to the health of its youthful inmates.

This is a subject to be strenuously pressed upon the attention of parents, and of all persons engaged in the education of female youth. Certain portions of every day should be appropriated and devoted, not to mere walking, but to exercises of a more active kind.

When this plan is fully adopted, the most usual and powerful cause of the disorders of early youth in the female sex will be removed, though there will still exist causes enough why girls should suffer more in their health than boys. Not to pursue this subject to too great a length, it may be well to mention one of these causes in this place. Nothing, for instance, can be more absurd than the defective system of clothing of the present day. This point is of the greater importance in youth, and in the female

sex, from the very peculiarities of constitution, to which allusion has already been made, and especially from the feeble and lymphatic character of the circulation at the general surface and in the extremities. The effect of cold in general, in such a constitution, is directly debilitating; coldness of the extremities is particularly apt to impair the functions of the alimentary canal, and both are apt to impede or interrupt the flow of the catamenia. The feet should, therefore, in the colder seasons, be kept warm by lambs' wool stockings and exercise, and the general surface should be protected and excited by flannel.

CHAP. II.

OF DISORDER OF THE GENERAL HEALTH, IN ITS MORE ACUTE FORM.

THE state of disorder which I am about to describe is by no means peculiar to the female sex. It is nevertheless very apt to occur in females, both from the peculiarity of their constitution and the nature of their habits; and some of its modifications and complications are rarely observed in the male sex.

Disorder of the general health prevails chiefly under two forms, — the more acute, and the more protracted; and each of these is apt to be conjoined with its own peculiar complications. The more acute form of this disorder will constitute the subject of the present chapter.

The general character and symptoms of this disorder are very distinct and characteristic; but its complications are extremely various, and sometimes predominate over the other symptoms, and resemble some topical affections so much,

that it is of the utmost moment to institute a correct diagnosis between them. With the view of assisting in the distinction of this morbid affection in future, it will be my object, first, accurately to detail the symptoms which characterize the complaint in general, and, in the second place, to enumerate and describe those particular complications which are apt, in certain instances, to engross the attention of the patient and of her friends, and even to occasion some degree of embarrassment to the physician.

This affection, even in its more acute form, comes on insidiously, and the patient becomes gradually and insensibly incapacitated for exertion either of mind or body. This state of unconscious disorder perhaps endures for many months, before it attracts the serious attention of the patient or her friends; and when a medical opinion is taken, it is usually sufficiently characterized by a general feeling of weakness, with tremor, head-ach, or vertigo, fluttering, faintishness, tendency to perspiration on the least exertion or surprise, susceptibility to hurry and agitation, weariness, aching, and loss of flesh; and with these symptoms there are

peculiar states of the countenance, of the tongue and internal mouth, of the general surface, and of the evacuations, which I now proceed to describe. I would first observe, however, that although the accession of this morbid affection is usually slow and insidious, it is occasionally more rapid, being induced by the occurrence of some other indisposition, or of a fall or other accident.

Soon after the commencement of this disorder, the countenance is observed to have become rather pale and thin; the lips are pale, and, with the chin, are frequently observed to be tremulous on speaking; the surface of the face is frequently affected with an appearance of oily and clammy perspiration, especially about the nose; and there is usually a degree of sallowness and darkness of the complexion in general, but principally about the eyes and mouth. The face is sometimes rather bloated, and the skin coarsish, at first; but afterwards there is some degree of emaciation.

The tongue is almost invariably much loaded; sometimes, however, only slightly, whilst its edges are clean and red. In other severer cases,

a load has been formed over the tongue, and has peeled off all at once, or in patches, leaving the surface of the tongue morbidly red, smooth, and tender. But generally the tongue, in the acuter form of disorder of the general health, is loaded, swollen, and œdematous, marked by pressure against the contiguous teeth, and formed, more or less, into sulci or plaits, and presents upon its upper surface numerous enlarged papillæ; the gums are also swollen, and sometimes red, at others palish, and they occasionally bleed; the inside of the cheeks are, like the tongue, frequently impressed by pressure against the teeth. This state of the tongue and of the gums is accurately represented in Plate I. figures 1, 2, and 3. To observe the sulci in its surface, it is sometimes necessary to distend the tongue by the pressure of two fingers, separating them in a lateral direction. The indentations in the edges of the tongue are most obvious early in the morning; but they are, as well as those in the inside of the cheeks, always obvious enough on a careful inspection. With this state of the surface of the tongue, gums, and cheeks, there is frequently a slight

degree of morbid redness, and, perhaps, of tumidity about the tonsils and soft palate; the teeth, and the mouth in general, are foul; the saliva viscid, especially in the throat; and the breath tainted and fœtid; and I have occasionally known a degree of bleeding to take place, not from the gums alone, but from the posterior parts of the mouth; and this has chiefly occurred during the night, so that the patient has been awoke, and has probably been greatly alarmed, by finding a certain quantity of blood in her mouth.

The tendency to perspiration is observed on the slightest surprise or exertion, and occasionally, though not very often, in the night, or early in the morning; the skin is, in general, cool, rather moist, and clammy; the hands and feet are apt to be cold, the fingers rather livid, and the nails frequently assume a lilac hue: this state of the hand accords a little with the representation given in Plate VIII. figure 1. but not entirely, the tips of the nails becoming opaque only in some protracted cases of disorder of the general health.

The patient is frequently affected with nervous tremor, observed in a quivering of the lip or dimpling of the chin on speaking, or when at all agitated. There is also tremor on holding out the hand, or on carrying a cup of tea, for instance, to the mouth, on attempting to stand erect or walk, or on being fatigued or hurried. The tremor, in some cases, has formed the most remarkable feature of this affection; in others, it has been far less observed; but it is rarely, if ever, entirely absent. The patient feels unaccountably feeble and weary, and suffers from a sense of aching after slight exertion.

There is an early, but very slow and gradual emaciation; and it is most interesting to remark, by weighing the patient, first, the still continued progress of the loss of flesh for a time; and then the cessation, and, lastly, the restoration from this fearful morbid process, on the institution of a correct mode of treatment.

The patient experiences head-ach or vertigo, and much nervousness and susceptibility to hurry and agitation. There is sometimes heaviness for sleep; sometimes great wakefulness and restlessness; sometimes incubus; and, some-

times, though rarely, delirium; occasionally there is loss of memory and absence of mind. Indeed the mental, sentient, and nervous powers appear all to be much under the influence of this affection of the general health.

The patient is liable to experience faintishness in the upright position, if it be sustained for a little time. There is almost universally a peculiar sense of fluttering about the heart and pit of the stomach. The pulse is frequently nearly natural, but it is sometimes rather frequent, and it is easily accelerated. It is also apt to become irregular and intermittent.

With the disordered condition of the internal mouth already described, there is often an impaired state of the appetite, and even loathing of food; sometimes, however, the appetite is even greater than natural, or there is a state of constant craving, with an inability to take food. The digestion is various, being sometimes apparently not impaired, at other times attended with a great sense of load, distention, flatus, eructation, hiccough, pyrosis, and even rumination or vomiting of food. There are sometimes attacks of sickness, with one or other of

the complications of this affection, which will be noticed hereafter.

The bowels are at first constipated, afterwards constipation and diarrhœa are apt to alternate, and sometimes the latter state becomes permanent. The evacuations during the state of constipation are scanty and indurated, and the bowels are too seldom moved; during that of diarrhœa, they are fluid, but scanty, dark-coloured, extremely fœtid, often accompanied by mucus, and even blood; and frequently attended by tenesmus. The patient is frequently unconscious of that morbid state of the bowels in which the evacuations occur daily, but are too scanty.

There is frequently, in this affection, an acute pain in some part of the course of the colon and rectum.

The urine is apt to be loaded in the commencement of this disorder, but frequently becomes limpid and transparent during its continuance. Slight exasperations of the affection, however, reproduce the appearance of deposit. The condition of the urine, like the other symptoms, is very liable to change.

Doubtless the uterine discharges, if carefully examined, would be found to have participated in the general disorder; but it is only in the more protracted cases of this morbid affection that they are so obviously changed in their appearance, quantity, duration, and returns, as to excite the attention of the patient.

It is extremely important to remark, that the condition of the countenance, of the tongue and internal mouth, and of the general surface, is peculiarly constant and uniform in almost every case, and at every period of this disorder; whilst the other symptoms are as characteristically inconstant and variable. It is, therefore, by a recurrence to the former, that we are frequently enabled to establish a certain diagnosis, in cases which might otherwise be doubtful; and it is by the very variable character of the latter even, that we derive a further source of diagnosis.

The diagnosis is not only founded upon the constant character of one of these classes of symptoms, and the variableness of the other, but upon the peculiar concurrence of many, or several, even of the variable symptoms of this

disorder; for, whilst most diseases which are purely local, are denoted by being simple and definite, this affection is distinguished by its multiplicity, and by apparently conjoining many diseases in one.

In addition to these two classes of symptoms, there are others, which, as I have already observed, severally predominate, in different cases, in such a manner as to engross the attention of the patient, and sometimes of the physician, too exclusively. The predominating symptom is not always the same in different cases, or even in the same case at different periods, but it is sometimes an affection of the head, sometimes of the heart, &c.

The more permanent and the secondary symptoms, the incidental complications, and the various changes observed in this state of disorder of the general health, are doubtless all connected as causes and effects, although it would be extremely difficult to assign to each its particular influence. It would be still more difficult to account for those sudden cessations of one affection, and appearance of others, which are so remarkable in this disorder. These are some-

times so extraordinary as to have led to the suspicion of metastasis, the predominating affection of some particular organ ceasing entirely, whilst an affection of some distant organ has appeared to be set up in its place.

Having thus attended to the general character of the complications observed in the more acute form of disorder of the general health, I shall now proceed to describe each of these complications separately, and endeavour to point out the diagnosis between them and idiopathic diseases of the same organs. It is to be regretted that the diagnosis, in the present state of our knowledge, is so frequently founded upon the general symptoms; for it should ever be borne in mind, that an idiopathic and organic affection of some part may co-exist with disorder of the general health; and that that which was a mere functional complication in the beginning, may become organic disease in the sequel. Impressed by these facts, we shall learn to give our opinions with caution, and to watch the patient attentively. There is one circumstance which ought always to excite the attention, if not the alarm, of the physician; it is when the

expected or wonted relief does not follow upon the due administration of the remedies for the primary disorder. This precaution is especially necessary in regard to affection of the head, which is certainly first in importance among the complications of disorder of the general health.

The most usual affections of the head in this disorder, are pain and vertigo. If there be the symptoms of acute disorder of the general health already described, and if the head-ach or the vertigo has become habitual, or has long subsisted in a varying character, and especially if the usual remedies for fulness of the blood-vessels of the head have been tried without relief, or with transitory relief only, it may be presumed that the affection of the head is symptomatic only, and that it will yield to the plan of effectual but cordial purgatives, to be described hereafter. This opinion will be further substantiated, if the head-ach or vertigo be conjoined with sickness, faintishness, or cold perspiration, or if there be paleness of the countenance, and some degree of loss of flesh; and still further, if relief be obtained by the admi-

nistration of warm aperients and a regulated plan of diet.

All this precaution in judging of the nature of affections of the head is absolutely necessary; for no cases are so insidious and sudden as those irreparable attacks of disease of the encephalon, and we should be lulled into a false and fatal security if we too hastily concluded head-ach and vertigo to be symptomatic merely. We ought, on the contrary, ever to suspect the transition into organic disease, even in cases which are undoubtedly symptomatic, and the co-existence of disease in those which are of a more dubious character.

There are sometimes, in this morbid affection, attacks which conjoin a state of sickness, vertigo, faintishness, cold perspiration, with paleness of the countenance, and coldness of the extremities, with a seizure or fall of an epileptic form. In other cases there are, with some of those symptoms, attacks of spasmodic or anomalous pains about the heart or side, or in various parts of the abdomen. The peculiar combination of symptoms and appearances in these seizures, does not leave much room for mistake

with the accurate observer. The immediate attack is frequently induced by some improper article of diet, or by a neglected and loaded state of the large intestines.

During the whole course of this disorder, the patient is peculiarly liable to be affected with fluttering, irregular action, or violent palpitation of the heart, or with syncope. The affection is distinguished by observing the concurrent appearances and symptoms, by carefully observing the effects of remedies, and the state of the symptoms from day to day, but especially the influence of bodily exertion, when the patient is least under the influence of these painful feelings. Organic disease of the heart is ever present and ever exasperated by exertion; the symptomatic affection is apt to subside, and then exertion may be borne without inducing the sufferings experienced in the former case.

Hæmatemesis and melæna are not unfrequent complications of this form of disorder, and especially in females. Hæmatemesis is immediately obvious, but melæna is ascertained only by accident, and frequently occurs unknown and unsuspected by the patient. They

are frequently conjoined in the same case, and appear to be a similar affection of different parts of the alimentary canal.

Disorder of the general health, is sometimes accompanied by the most decided jaundice.

In the course of this disorder, there is frequently pain, more or less severe, more or less continued, and in such different forms and situations as to resemble, in different cases, attacks of gall-stones, inflammation of the pleura, liver, spleen, kidney, or of the intestine, or peritonæum; and there is sometimes a sensible hardness, or tumour, which appears to consist in a loaded state of the intestines. This occurrence is particularly apt to take place in females.

There is sometimes, in this disorder, symptoms of affection of the bladder, probably arising from a loaded or irritable state of the rectum.

The nervous and muscular powers are also variously affected in disorder of the general health. Sometimes there is pain so severe as to resemble the tic douloureux; sometimes spasmodic or convulsive affections, in all their varieties; and sometimes the nervous and muscular powers, especially of the lower extremi-

ties, are so enfeebled as to appear affected with paralysis. Each of these cases is to be distinguished by a reference to the constitutional symptoms.

The first object in the treatment of this morbid affection is, doubtless, to evacuate and regulate the bowels. It would be difficult, however, to determine whether more benefit has accrued from the use, or harm from the abuse, of purgative medicines in the present day. It does not appear to have been observed, that if these medicines be given unduly, they induce or keep up, in many instances, the very disorders they were intended to remove. This is true, not only in regard to the stomach and bowels themselves, but also in regard to some of those organs which are so apt to be affected symptomatically. In fact, if the due limits in giving purgative medicines be exceeded, a state of irritation and distension is maintained in the alimentary canal, and of exhaustion and nervousness in the general system, more distressing than the original disorder.

To obviate these inconveniences, purgative medicines must be given, in such cases as require

their aid for a considerable length of time, in such a manner, and in such combination, as shall secure their good effects, without inducing the consequences which have been mentioned above. This is to be done by conjoining some cordial with the purgative, and by guarding against too considerable or too repeated doses of it; and by an attention, at the same time, to a mild and nutritious diet.

It may be proper, in the very first instance, perhaps, to evacuate the bowels freely; but afterwards our object should be to induce a full and consistent evacuation daily, at once avoiding, as much as possible, the teazing and irritating operation of medicine. It is unnecessary to give a detailed account of the medicines which are proper for this purpose. The decoction of aloës, the infusion of rhubarb and of senna, the tinctures of aloës, rhubarb, and senna, the vinum aloës, the Rochelle and Epsom salts, and manna, and aloës and rhubarb, variously formed into pills, are the remedies which I have thought most suited to effect the object which I have described. It is a point of some importance to ascertain whether the remedy should be

given over night or early in the morning. This can only be done by a trial of the two methods. In any case, I have found it of great advantage to direct the patient to breakfast before rising, taking freely of warm coffee or tea. In this manner, the proper effect of the medicine is best insured, and its injurious effects avoided.

In cases in which all medicines have proved irritating, a draught with five drops of tinctura opii, and twenty of sal volatile, has done great good; and, in conjunction with the aperient, I have frequently prescribed a draught with four or five drams of tincture of columbo or bark, to be taken twice in the day, with the intention of preventing irritation and exhaustion.

I have seldom found it necessary to give mercurials. But I have known many patients who could not bear them even in their mildest forms. They must still, however, be deemed useful, when the alvine evacuation does not resume its proper colour by means of the more ordinary aperients. I think both mercurials and purgative medicines in general, have been given to excess in the present day; and I am persuaded that the good effects desired may be more safely

and effectually secured by milder measures. And these remarks appear to me to be particularly true in regard to disorder of the general health in females.

It will avail little, on the other hand, as I have ascertained by extensive trials, to attempt too much by cordial remedies. They only excite feverishness; and when the bowels are brought to a natural state, and when irritation and exhaustion are obviated, medicine has done its office. The rest of the cure is to be effected by attention to diet, exercise alternated with repose, change of air, early hours, sponging, clothing, by avoiding the numerous causes of aggravation of this disorder, and by time.

The diet should be of the most mild, light, but nutritious kind, and should be taken in very moderate quantities. The stomach is, in many cases of this disease, easily oppressed, even by the smallest portion of improper food, or by an undue quantity even of the lightest. In general, solid food, well masticated, and, of course, eaten slowly, agrees the best, and especially mild animal food, as chicken or mutton; good stale bread not toasted, and mealy pota-

toes for vegetables, are proper next; tea and coffee agree, except in individual cases; and hot water, with sugar, and the slightest quantity of brandy, or port, is, according to my experience, the best kind of beverage to dinner. In cases in which the stomach is very irritable, a much stricter and milder kind of diet is required. Arrow-root perfectly done in water, without any addition but sugar at first, afterwards with milk, cream, and spice, according to the effects produced, is the article of food best suited to such cases. In many instances of this morbid state, asses' milk promises to be of great service.

The patient should adopt a regular system of exercise proportioned to her strength, and properly alternated with repose and quiet. Effort, fatigue, attention, and anxiety, appear to increase or to renew the debility and nervousness of this painful disorder, and are consequently to be watchfully avoided. It is difficult even to determine whether exercise or repose, taken singly, be the more important; each, within due limits, appears to invigorate the muscular powers, whilst each, carried to excess, induces increased disorder and debility; the former im-

mediately, the latter more slowly. Repose should always follow the exercise taken, and every meal, and it should be further insured by strictly observing early hours. Change of air has often appeared to be of the most marked service, and especially a residence upon the sea-shore. The exercise, so important in this disorder, should always be taken in the open air, and, when possible, in the enjoyment of the sea-breezes.

Sponging the surface of the body with salt or vinegar and water, and the subsequent use of a coarse towel, are of great advantage. The use of this remedy should be followed by a glow or sensation of warmth, and if this be not the case, and especially if the feet and hands remain cold, the feet should be kept, and the hands washed, in hot water.

The surface of the body should also be protected by warm clothing, and as the feet are so apt to become cold in this morbid affection, they should be carefully kept warm and dry; and this is best done by a frequent change of shoes. I have observed that coldness of the feet has a remarkable effect upon the strength

and spirits of the patient, and upon the powers of digestion, and even of the circulation. It is therefore an object of no little importance to attend to this point, in the treatment of disorder of the general health, in which every remedy which can give vigour to the frame is so essential.

It is scarcely necessary to revert to the importance of avoiding the causes of relapse or aggravation of this disorder, during the treatment. Every such accident not only undoes the good that may have been begun before, but interrupts the process of amendment for some time subsequently; so that much time is lost, the case is greatly protracted, and the patient endures much in actual suffering, as well as in the trial of her patience. It is obvious, therefore, that it is of the utmost moment most carefully to avoid all causes of increased disorder, in the course of the treatment. I think these causes are, chiefly, the excessive operation of medicine, improper kinds of food taken, every kind of effort or fatigue of the muscular powers, and of attention or anxiety of mind. Not the

least important part of the treatment is, therefore, of a negative kind.

And this leads me to observe, that in all cases of this morbid affection, the cure is the effect of attention to every part of the plan of remedies and regimen already mentioned, during a very considerable space of time. There are many modes of retrogression; but there is only one of progression, and that is by the patient and uninterrupted observance of the whole plan of treatment together, both positive and negative. This plan having been strictly adapted to the individual case, the only thing which remains is to watch over its effects, to modify it from time to time, and to pursue it patiently.

Before I quit the subject of the treatment in acute disorder of the general health, it will be right to make a few observations upon the remedies for its various complications.

The first object, in all these cases, is effectually to treat the general disorder.

But in affections of the head, I should always prescribe cupping, until the brain is either decidedly relieved, or, until the countenance is some-

what blanched. It is, however, important to repeat, that the very sensations of affection of the head, which are apt to be induced by a disordered state of the bowels, and of the general health, are kept up, and perhaps aggravated, by undue depletion: inanition produced by too active purging, or by the too considerable abstraction of blood, is alike apt to be attended by head-ach, vertigo, or a sense of weight or of confusion. In this case, eating frequently relieves the affection of the head. These facts must, therefore, be constantly kept in view in the treatment of these affections of the head. A blister applied below the occiput is frequently of the most signal advantage, and ice, or a cold lotion, applied over the whole head, are important remedies.

The affection of the heart is relieved by the tincture of hyoscyamus, sal volatile, and by every soothing plan that can be devised.

The various pains, in this disorder, are most effectually treated by a liniment or fomentation, or, if necessary, by cupping and blisters.

In all those cases attended by hæmorrhage, I have been accustomed to prescribe the pilula hydrargyri. I am not sure that the more usual

purgatives would not be equally efficacious and beneficial.

In the case of icterus, the administration of an emetic, consisting of half a dram of ipecacuanha, and of an active purgative, has usually been attended by early relief.

In the cases of diarrhœa, the general treatment already described, is always effectual; the object is to procure consistent and ample evacuations daily. It is highly advantageous, in this case particularly, to follow the action of the mild, cordial aperient, with a few drops of the tinctura opii and sal volatile, as already mentioned.

In the state of loaded bowel, which is frequently attended by pain, and even by tumour, in the course of the colon, the warm water injection, administered by the poison-syringe, is of great advantage.

Indeed I think the warm water injection may be beneficially substituted for much of the purgative medicine ordinarily prescribed, especially in females, both as a preventive and as a remedy. I am persuaded that very many of the disorders of females arise, in the first instance, from a loaded state of the large intestines, and

particularly of the rectum, and that if the lower bowels were relieved, the upper bowels would not fail to act. The rectum, especially, is an organ partly under the influence of peristaltic motion, and partly under that of the will; and its functions are very apt to be interrupted by many circumstances in society. If the warm water injection were occasionally used, when the young person is conscious of an insufficient action of this bowel, many of the baneful effects of load and disorder of the intestinal canal would be avoided.

CHAPTER III.

OF DISORDER OF THE GENERAL HEALTH, IN ITS MORE PROTRACTED FORM.

THE transition of disorder of the general health from its more acute, into its more protracted form is, of course, quite imperceptible. This affection may perhaps be termed acute, during the first year of its existence; it has generally subsisted several years, and perhaps almost unconsciously, before it assumes the characteristic form about to be described. In some cases, the transition from the acute to the protracted form can be traced by inquiring accurately into the history of the affection; in other instances, it does not appear to have existed in the acute form at all, but to have stolen upon the patient insidiously from its commencement.

It may be observed, in general, that the state of the complexion, of the tongue and internal mouth, of the general surface, and of the bowels, are even more strongly characterized

in the protracted than in the acute form of this disorder; but the variable symptoms have frequently greatly subsided, at least in their severity, and the complications are usually of a totally different character.

The protracted form of disorder of the general health, is by no means unknown in the male sex; but the female sex is, certainly, far more apt to be affected with it.

The countenance, in the protracted form of disorder of the general health, has gradually assumed a state of permanent paleness and sallowness, which are, however, by no means very considerable in all cases; the prolabia have lost the hue of health; and together with a diffused sallowness, a more morbid discolouration is usually observed occupying the eyelids, and encircling the mouth. The surface of the face is not affected with perspiration, as in the acute form of this disorder, nor is there the same degree of nervous tremor.

The state of the tongue is most remarkable. It has, in the first place, generally become gradually clean and free from load; together with the whole internal mouth, it has lost its

clamminess, its mucous covering, and its halituous appearance; and the secretions of the mouth and the breath are less offensive, and I have known them to acquire the peculiar odour of new milk. The morbid character of the tongue is evidently not of recent formation; it has no longer those acute impressions from its pressure against the teeth, observed in the acute form of this disorder; the indentations are still very marked, however, but their edges are rounded off; the sulci on the surface of the tongue are, in many instances, still more marked even, but they also have assumed a different character, evidently the impress of long duration; the papillæ are frequently still more enlarged, being much elongated, in some cases, and expanded laterally in others.

These appearances of the tongue are admirably pourtrayed in Plate II. In figure 4., the tongue is represented as clean, and the papillæ much elongated: there are only slight indentations from the teeth; and the tongue is altogether free from tumidity. In figure 5., the papillæ are not so prominent, but much enlarged laterally; the tongue is clean, but paler than that

represented in the former figure, and it is more tumid, and consequently more indented. Figure 6. displays another form of the tongue, in which the papillæ are less distinct, but the surface of the tongue is clean and palish, and has formed into deep sulci of irregular forms. To display these sulci, it is sometimes necessary to open them by the pressure of the fingers. They are, in different tongues, of every variety of form; sometimes being in lobules, sometimes in squares, and frequently accurately resembling the sulci of the cerebellum.

From the appearances of the tongue, it is often possible, not only to detect the existence of protracted disorder of the general health, but even to form an accurate conjecture relative to the length of duration of this morbid affection; and this is a point of great importance, for we are led by it to give a more accurate opinion as to the probable duration of the complaint, even under the best mode of treatment. From the peculiar modification of morbid appearances in the tongue, we are also enabled to judge distinctly of the actual state, as well as of the stage of the disorder. The state of the tongue,

represented in figure 4., denotes a less morbid condition of the functions than that in figure 5., and still less than that in figure 6. In the two latter, too, there is usually a slight degree of clamminess, though without load, not always observed in the first.

It would detain me too long to enter into all the minuter points, connected with the condition of the tongue; and they will be readily observed in practice: but there is an important remark, which I beg to repeat in this place, respecting the lobulated tongue, — that I have repeatedly observed it to accompany simple enlargement of the liver, of which disease it is, therefore, a symptom; or rather, it is a symptom of such protracted disorder of the general health, as is apt to issue in enlargement of this organ.

All these conditions of the tongue are obviously very different from the furred tongue, in mere chronic dyspepsia.

The general surface, in this state of disorder, is very various; it is, however, generally sallow, and free from perspiration, if not dry. In some cases of extremely protracted disorder of the general health, the skin has become dry and

slightly furfuraceous, and the nails have undergone a remarkable change, represented in Plate VIII., figure 15. They first become dry, then brittle, and then begin to split at their points, until at length the patient cannot take a pin out of her dress without breaking them; afterwards they sink in irregularly in their centre, turning upwards at their points, which are variously cracked and split. It would, of course, require a very long time to restore the nails so affected to a state of health. I have had, however, one opportunity of witnessing this event. A patient, of whom I reported in May, 1816, that, "about two years ago, the nails, from being strong, became very thin and brittle, exfoliating in layers and sunk in the middle," had the nails of a perfectly natural form and character in June, 1826; the brittleness had subsided, and the centre was restored to its natural level.

In connection with the general surface, it is important to remark, that the patient affected with protracted disorder of the general health is peculiarly subjected to several morbid states of the integuments, and of those internal surfaces which are immediately continued from the skin,

such as, furunculus, paronychia, hordeola, erysipelas, especially of the nose, erythema nodosum, urticaria chronica, lichen, a harsh and cracked state of the skin surrounding the prolabia, purpura, inflammation, ulcerations or pustules of the conjunctiva, decay of the teeth, a morbid state of the gums and internal mouth, aphthæ of the tongue and inside of the lips or cheeks, chronic sore throat, deep ulcerations of the tongue, &c.; and the occurrence of these local affections should always lead us to enquire into the state of the general health.

There are, in the protracted form of this disorder, less tremor, debility, loss of flesh, and tendency to faintishness, and perspiration, than in the acute, although they are by no means entirely absent. The patient is still incapable of exertion, apt to perspire from effort or agitation, and subject to symptoms of affection of the head, heart, chest, and of the digestion; only usually in a slighter degree than is observed in the acuter form of this affection.

The bowels, especially, are in an extremely deranged state, either constipated, or with scanty,

fluid, and fœtid evacuations, and, more frequently than is suspected, mixed with blood.

The uterine discharges become retarded in their returns, of short duration in their flow, discoloured, or pale, and scanty, frequently attended by much pain, and often succeeded by leucorrhœa.

The appearance of the urine is, like all the other symptoms, very variable; sometimes the patient becomes subject to gravel.

There is sometimes a degree of œdema, and sometimes a state of cachexia.

The treatment in this more protracted form of disorder of the general health is similar to that already detailed in the former chapter; but it requires the same precautions in a still greater degree.

The bowels must be regulated by cordial aperients. The abuse of purgatives is still less easily borne in the protracted than in the more acute form of this disorder; and, in addition to increased debility, it has not unfrequently led to the occurrence of œdematous swellings. The aperients administered must, therefore, be conjoined, and their operation be followed, by some

slight cordial, and their effects must be strictly controlled; and mild nutriment must be given to supply the waste induced by the evacuation.

All the cordial and tonic modes of treatment formerly described must be strictly enforced, and must be pursued even more perseveringly than before.

In addition to the former plan, there are questions, in the present case, respecting several other remedies; as the sarsaparilla, the sulphate of quinine, and the sulphate of iron. The two first, I am of opinion, may be safely given, and will be found of considerable advantage. The sulphate of iron requires rather more precaution in its administration, but is, I believe, a more efficacious remedy, when suitably given, than either of the former. In order that the sulphate of iron may be prescribed with advantage, the bowels must have been first freely evacuated, and then properly regulated for some time; the tongue must be clean, and the prolabium and countenance in general pale. In such a case, one grain of sulphate of iron, with some aromatic, may be given three times a day; and I think those times should be chosen when

the stomach is not empty. I have sometimes even thought it advantageous to give this medicine during meals.

The sarsaparilla, sulphate of quinine, and sulphate of iron, may also be advantageously given together.

The system of diet, of alternate exercise and repose, of exposure to the fresh air, and especially to the sea-breezes, and of sponging the surface, is essential in this, as in the more acute form of disorder of the general health; and the same precautions must be observed in avoiding the causes; and all this must be done with great diligence, and with still greater perseverance.

CHAPTER IV.

OF THAT FORM OF DISORDER OF THE GENERAL HEALTH, ATTENDED BY EXTREME PALLOR, OR OF CHLOROSIS.

I THINK the form of disorder of the general health, about to be described, differs from those treated of in the two preceding chapters, chiefly in the peculiar character of the constitution of the patient. It principally occurs in female youth, but not unfrequently in married persons; and it is not entirely unknown in the young and delicate of the male sex. It chiefly affects persons of what may be justly termed the lymphatic temperament; whilst those of a different temperament are most liable to that form of disorder to be noticed in the ensuing chapter.

I have observed a morbid affection very similar to this, in persons of the middle age of both sexes; and I have had occasion to remark, that in these there had been either hæmorrhagy or some other cause of debility or exhaustion.

But, in general, this disorder may be considered as an affection of female youth; and it arises from the usual causes of disorder of the general health already fully detailed. It has been customary to assign other causes for this affection, of a sexual character; but I am persuaded that there is seldom any truth in this conjecture.

The general form and the mode of treatment of chlorosis are very different from those of the forms of disorder already described; and its symptoms and complications are not less peculiar.

Chlorosis steals insidiously upon the patient; so insidiously, sometimes, that I have known parents even, unconscious of its existence, although it may have attained its most marked form, until it has been distinctly pointed out to them.

Chlorosis has pretty distinctly three stages, — the incipient, the confirmed, and the inveterate. It may be characterized in general, as uniting a morbid paleness of the complexion, tongue, and general surface, with recurrent pain of the head, or of the side, palpitation, fluttering, and

nervousness, and frequently attacks of hysteria;—with some tendency to loss of flesh, and to œdema.

The incipient stage of this morbid affection is more particularly characterized by paleness of the complexion, an exanguious state of the prolabia, slight tumidity of the countenance, and puffiness of the eyelids, especially the upper one. There is sometimes with this marked state of the countenance a slight tinge of green, of yellow, or of slate-colour. In the confirmed stage of chlorosis, the state of pallor of the complexion is still more marked, and the tongue, as well as the prolabia, is exanguious, perhaps with a slight lilac hue in the upper lip; there is usually tumidity of the integuments in general, and of the eyelids in particular. These appearances of the countenance are exquisitely portrayed in Plate IV. In the inveterate or last stage, this state of the countenance is apt to be modified by a degree of loss of flesh, on one hand, and by increased œdema, perhaps partially disposed, on the other.

The state of the tongue in the different stages of chlorosis is most accurately represented in

Plate III. figures 7, 8, and 9. In the first stage of this affection, the tongue is rather white and loaded, and somewhat swollen and marked by pressure against the teeth; its papillæ are enlarged, and it is slightly formed into creases or folds; and its colour is palish. This state of the tongue is represented in figures 7. and 8., the latter forming the intermediate state between the tongue of the first, and of the confirmed and inveterate stages of this disorder. The gums and inside of the cheeks are somewhat tumid, and the latter are, like the tongue, impressed by the teeth. The mouth, in general, is clammy, and the breath tainted with a peculiar odour. — In the confirmed stage of chlorosis, the tongue becomes clean, smooth, and exanguious, with a slight appearance as of transparency, and a slight lilac hue; it is flat upon its surface, and still somewhat indented by pressure against the teeth. The characters of the tongue observed in the later stages of chlorosis are fully given in figure 9. In the last stage of all, the tongue frequently becomes smoother still, and slightly shining; and I have in some cases observed an odour of new milk in the breath of the patient.

In the beginning of this morbid affection, there is an increasing paleness of the general surface, hands, fingers, and nails; an opaque, white, and tumid state of the skin; a slight tendency to œdema of the calves of the legs, and of the ankles, and to loss of flesh. In the more confirmed stage, the skin is still smooth, but rather dry; and the integuments are exanguious, puffy, opaque, and perhaps yellowish, with the same or increased tendency to œdema; the nails are exanguious, and, in some instances, slightly split or exfoliated. In the confirmed stage the appearances are similar, with the addition of some loss of flesh, and perhaps increased œdema. The condition of the hand, fingers, and nails, in the confirmed stage of chlorosis, is given in Plate VIII. figure 16.; the nails are sometimes slightly split, and their tips opaque.

The patient in chlorosis is languid, listless, sedentary, indisposed to exertion, easily overcome by exercise, nervous, low-spirited, and frequently a prey to singularities of temper. There is generally severe recurrent head-ach or vertigo, sometimes heaviness for sleep, and some-

times an impaired state of the memory and of the faculty of attention. It is not unusual to find that leeches and blisters have been repeatedly applied for the recurrent pain of the head.

There is frequently palpitation recurring in attacks, or of a more permanent character; and more frequently still, a sense of fluttering in the præcordia, or in the region of the stomach, with irregular action of the heart, or imperfect syncope. The pulse is sometimes rather frequent, and always easily accelerated.

There is usually a degree of breathlessness experienced on any exertion; sometimes fits of dyspnœa; sometimes a sounding cough.

There is also, frequently, in this state of disorder of the general health, a singular and peculiar pain of one, or of both of the sides, either together, or alternately, situated over the false ribs, and spreading a little upward, or backward, or downward so as to occupy the space between the false ribs and ilia. The recurrent nature, the particular situation, and the alternating character of this pain, are altogether peculiar and characteristic. The patient perhaps complains on pressure, but on a careful examination, this

pain will be found not to be aggravated by a deep inspiration; for this purpose the inspiration must be repeated; at first it may appear to increase the pain, but afterwards it will be found not to do so. I have in a few cases known this pain to be confined to one side only; but it is usually found that, at one period or other, both or each of the sides have been affected, simultaneously or separately. It is very usual to find, on inquiring into the history of the case, that bleeding, leeches, and blisters have been repeatedly employed for this pain of the side, as well as for that of the head, but of course in vain; for it is only to be effectually removed by an efficient treatment of the original malady.

The appetite is generally impaired and capricious, and even depraved, inducing longing for some indigestive substance, as acids or pickles, magnesia or chalk, cinders or sand, grains of coffee, tea-leaves, flour, grits, wheat, &c. The patient likes to have some one of these substances constantly in her mouth, but especially when affected by agitation or anxiety.

The bowels are, in the incipient stage of chlorosis, always constipated. Afterwards this state

alternates with or leads to diarrhœa, and sometimes to hæmatemesis or melæna; the evacuations are usually scanty, dark coloured, and fœtid.

The flow and condition of the catamenia are, in general, very early affected in this disorder: they become irregular in their returns, inconstant or of short duration in their flow, defective in quantity, and pale in colour; sometimes they are discoloured; sometimes they do not cease kindly, but are continued into a state of leucorrhœa; at other times, and especially in the later stages of this disorder, there is amenorrhœa. In some instances, each return of the catamenia has been preceded and attended by much pain in the back, and in the region of the uterus.

In the inveterate stage of this disorder of the general health, the symptoms assume a modified but still more aggravated character. There is a very slow but progressive loss of flesh; the languor assumes the form of permanent debility; and the œdema increases, and assumes the aggravated character of anasarca; the pulse becomes more constantly frequent; and there is

altogether less of the character of functional derangement, and more of that of disease. The local complications sometimes become more permanent, or are renewed by the slightest causes; and, in some painful instances of this affection, the patient has been unable to bear the most ordinary occurrences of domestic life, and has perhaps been compelled to remain altogether in her room, or upon the sofa or bed.

In this stage of the disorder there is sometimes an almost permanent pain of the head, perhaps with intolerance of light or of noise; sometimes incessant pain of the chest, with tenderness, difficulty in breathing, and cough; and there are frequently pain and tenderness of the abdomen, with sickness, and with constipation or diarrhœa. Various other symptoms prevail in different instances, as some hysteric or spasmodic affections, — locked jaw, clenched hand, contracted foot, twisted limbs, palpitation, panting or other forms of dyspnœa, fits of coughing, hiccough, retention of urine, &c.

I should despair of giving any thing accurate or specific, in regard to the pathology of this and other forms of disorder of the general health.

There appears to me, not to be a system, an organ, a texture, or even a fluid in the animal economy, which does not suffer in different instances of this multiform disorder. It has already been shown, that the complications of the more acute form of disorder of the general health differ totally from those of the more protracted, both in their various seats and in their nature; the former affecting the more vital organs, the latter the superficial textures. A similar remark equally applies to the form of disorder of the general health under consideration.

There is in chlorosis a remarkable state of the capillary system of circulation, both of the vessels and of the fluids; it is this which gives origin to the exanguious appearance of the countenance, prolabia, tongue, gums, and general surface; to the tendency to œdema; and to different species of hæmorrhages, especially those of the mucous and cutaneous surfaces, as epistaxis, melæna, hæmatemesis, and even purpura; and it is from this circumstance that the catamenia become almost colourless and aqueous. I have observed the blood which has flowed from the nose scarcely to tinge the

sheets, and that taken from the arm, to resolve itself almost entirely into serum, with scarcely any crassamentum. This disorder affords, therefore, one of the most unequivocal examples of humoral pathology.

This state of the capillary system of circulation is widely different from those observed in the subjects of the two preceding chapters; from that of the last chapter it differs especially, in not having any tendency to produce these diseased states of the mucous and cutaneous surfaces, and to assume the character of cachexia, to which allusion was slightly made in that part of this work.

It would be difficult to trace the series of causes and effects in the pathology of this affection; but I do think the first cause is in the state of the bowels; that a concurrent cause is the peculiarity of constitution already described; and that an exciting cause is the inactive and sedentary mode of life usually obtaining in female youth. The stomach suffers from its continuity with the intestines; the uterus possibly by contiguous, the head and the heart by remote, sympathies; the pain of the

side is peculiar, and too common to be a mere accidental complication; and it, therefore, probably also depends upon the state of the large intestines.

The state of the circulating fluids is probably deteriorated from defective digestion and assimilation; and this deteriorated condition of the blood probably becomes a cause, in its turn, of impaired vital energy, the heart and the brain being imperfectly stimulated. I am led to this conjecture, at least, by an attentive consideration of the effects of a deficient quantity or quality of the blood in some other cases, and especially of the effects of loss of blood in cases involving a deranged state of the general health of the characters described in the second and third chapters of this work. It is obvious, from these remarks, that blood-letting, so apt to be prescribed for the painful affections of the head or side, should be employed with the utmost caution.

This state of disorder has sometimes been mistaken for organic disease; but its character is so distinct that there does not appear to me any danger of mistake with the careful observer.

The state of the complexion, especially when it has assumed somewhat of the icterode hue, to be mentioned in the ensuing chapter, has, indeed, frequently led to the suspicion of disease of the liver; the diagnosis is, however, readily established on comparing the state of the prolabia and of the tunica conjunctiva, of the urine and of the fæces, and by a careful examination of the region of the liver.

The patient affected with chlorosis is extremely subject to attacks of the local affections already mentioned, and to the same affections in a more continued form. It is, therefore, essential to distinguish the complications of this morbid affection from some sudden and some chronic diseases. The first case in which I saw the necessity and the importance of these distinctions, had been successively treated as inflammation of the brain, and inflammation of the liver, by bleeding, blisters, and leeches, to an almost incredible extent, the patient having first been subject to severe pain of the head, and afterwards to pain of the right side. The case was distinguished by the usual appearances and symptoms of disorder of the

general health, and it was perfectly and even promptly removed by the appropriate remedies.

The diagnosis is founded upon the state of the countenance, of the tongue, of the general surface, of the bowels, and of the catamenia, the multitude and variety of the other symptoms, the variable history of the case, and, perhaps, the suddenness and repetition of the attack, and the effects of remedies. The only difficulty exists when some topical inflammation comes on in a patient previously affected with chlorosis. Even in this case the disease has assumed a more settled and definite form, instead of the varying and complicated character of chlorosis, and may then be distinguished by a careful examination.

These observations strictly apply to the diagnosis of chlorosis with pain of the head, from inflammation of the brain or its membranes. In the latter disease there are not the characteristic appearances and symptoms of chlorosis, as observed in the countenance, tongue, general surface, and general symptoms; but there are, on the contrary, the peculiar and definite symptoms and history of inflammation

of the encephalon, which it would be out of place to mention here.

The cough and dyspnœa, the palpitation of the heart, the pain of the side, and the pain and tenderness of the abdomen, are to be distinguished from inflammation within the chest or the abdomen, in the same manner, by comparing the general and local characteristics of chlorosis with those of each of these diseases, and by ascertaining the history, and observing the effects of remedies.

The pains of the side, or of the abdomen, so apt to occur as complications of chlorosis, are to be distinguished from pleurisy or peritonitis, by the same recurrence to the state of the complexion, tongue, and general surface, and to the other symptoms, and by their own peculiar character; these pains, for instance, are less constant both in their situation and duration than those of an inflammatory nature; and though sometimes aggravated by a deep inspiration, are not invariably so; especially on repeating the inspiration a third or a fourth time. The accession of pain of the side in chlorosis is apt to be sudden; the side affected is sometimes changed,

the degree of pain sometimes extremely severe, at others less so, and there is more expression of pain than is permitted by the pain of inflammation, which represses the movements of respiration implied in the loud expression of pain.

The treatment of this form of disorder of the general health must be begun by a due evacuation of the bowels; but the use of mercurials, and of active purgatives in general, requires still greater precaution, and the addition of mild cordial remedies is still more necessary, even than in the forms of disorder described in the two preceding chapters.

Of the class of aperient remedies, aloës and rhubarb appear to me to be best adapted to the cure of chlorosis; the first of these may be given in the form of the decoction, the wine, the simple and compound tinctures, the latter in those of the infusion and the tinctures, and these may also be variously combined together, and, if quite necessary, with manna, and the Rochelle salt.

When the bowels have, by these means, been fully but gently regulated for some time, different preparations of iron, but especially the sulphate, become specific in this disorder, — gra-

dually restoring the complexion, the general surface, and the uterine discharges, to their healthy state. The condition of the complexion, and of the catamenia, constitutes the true indication for the employment of these remedies, and of their beneficial effects when these begin to be displayed. I do not mean to confine the use of chalybeates to the cases in which the prolabia are exanguious and the catamenia are pale, but I can affirm that their efficacy is most unequivocal in these cases.

The painful affections of the head, of the sides, and of the abdomen, which are so apt to occur in complications of this morbid affection, are generally soon removed by an attention to the original disorder; but, in the mean time, they admit of being much relieved by the application of a spirituous lotion to the former part, or of a liniment composed of the soap liniment, the sal volatile, and the liquor ammoniæ, to the latter, or, if necessary, by a blister. If any further remedy be required, cupping may be tried; but it is extremely important, in chlorosis, to avoid taking blood as much as possible.

For the attacks of palpitation, of panting, or of the fits of coughing, sal volatile, æther, and laudanum, are useful remedies.

In concluding my observations upon chlorosis, I would observe, that there is a peculiar species of dropsy, of which I have not seen many instances, and which appears to me to be allied to this disorder. It is attended by all the appearances of chlorosis; and it would probably yield to the remedies of this morbid affection. I have known it to occur in female youth, and also at a later period of life. I consider that it is a form of dropsy, not generally understood, and still requiring a careful investigation into its peculiar nature and mode of cure. The surface of the body, but especially the more dependent parts, are anasarcous.

CHAPTER V.

OF THOSE FORMS OF DISORDER OF THE GENERAL HEALTH, ATTENDED BY OTHER CHANGES IN THE COMPLEXION.

The other forms of morbid complexion, connected with disorder of the general health, are chiefly the following: — first, the icterode or yellowish; secondly, the light lead hue; and, thirdly, the ring of tumid darkness occupying the eyelids.

It is obvious that all these morbid states of the complexion are dissimilar from that observed in chlorosis, and from each other. And it is important to observe that each denotes a distinct form of disorder, having distinct characters and tendencies, being associated with a distinct train of symptoms, and requiring distinct modes of treatment.

These forms of morbid complexion are admirably pourtrayed in Plates V. VI. and VII. from an inspection of which it will be evident, that not only the complexion varies, but also

the state of the prolabia, especially when compared with these as represented in Plate IV. Indeed it is highly probable that both the kind and the seat of these morbid changes in the complexion vary in the different cases. I have already observed, that the morbid change of complexion, in chlorosis, has its seat probably in the fluids and vessels of the capillary circulation. It is quite plain that that is not the case in these other forms of morbid complexion, for then the tunica conjunctiva would display the same changes, which it does not do. I have assuredly formed my own opinion respecting the pathology of these changes, but I refrain from stating it, fearing to advance what might appear conjectural and doubtful, in a work in which it is my wish to state the result of careful observation only. I think it important, however, to point out that in Plates V. and VI. the prolabia are represented as slightly pallid, in connection with the icterode and lead-coloured hue of the complexion, whereas in Plate VII., in which the dark ring encircling the eyelids is represented, the prolabia have their natural vivid colour; and these I have observed

to be the usual, though not the universal, associations in these different cases.

It is further important to observe, that the degree of pallor of the prolabia affords, in general, an index of the state of the blood, and of the appearance of the uterine discharge, and is commensurate with the tendency to œdema, and indeed, in a certain sense, with the degree of severity of the disease. In proportion to the paleness of the prolabia, the character of the disease approaches that of chlorosis; and, on the contrary, the less there is of paleness of the prolabia, the more the case assumes the chronic character, and resembles the description about to be given. And in general it may be observed, that the dark circle round the eye denotes the most chronic form of the disorder, whilst the icterode and lead-coloured hues of the complexion occupy an intermediate place between this and chlorosis.

In the more chronic forms of this disorder the skin is perhaps only very slightly affected, being a little dry and furfuraceous. In the severer cases, the nails assume the character represented in Plate VIII. figure 15., being more

or less brittle, split off in laminæ, and sunk in irregularly in the middle part. There is little tendency to œdema. This dry state of the surface, and brittle condition of the nails, are not, however, incompatible with great paleness of the complexion and prolabia, when these have been long in existence, and the complaint is chronic and almost stationary. It is in some of these cases of morbid complexion, that the nails have assumed the peculiar appearance given in Plate VIII. figure 14.; the general hue of the fingers is slightly livid; the nails are lilac at their roots, and opaque at their tips, with an intermediate space of a natural appearance. This state of the nails may, however, occur in any protracted case of disorder of the general health. It is usually attended by coldness of the hands and feet.

The state of the tongue varies exceedingly; and I have often observed it to be of the character represented in Plate III. figure 7., in cases of the icterode and lead-coloured complexion, and as in Plate II. figure 4., in that of the dark ring encircling the eye. And it is to be remembered, that as the different states

of the complexion may be variously blended together, so the different forms of the tongue may variously co-exist with different states of the complexion.

There are also, in various instances, the different complications described in the last chapter; and these assume a more or less continued character, according to the more or less chronic state of the primary morbid affection.

The catamenia vary exceedingly. When the prolabia are very pale, the uterine discharges are, as I have already remarked, also pale, and scanty, or perhaps suppressed. In the other cases, the catamenia are more apt to be discoloured, perhaps dark-coloured, and irregular in their returns and duration. In some instances, nevertheless, the patient has stated the catamenia to be perfectly regular in their returns, and natural in their colour and flow.

The remedies for these disordered states of the complexion are such as induce and continue alvine evacuations of ample quantity and natural colour. Mild mercurials are efficacious, in conjunction with mild purgative medicines; they require to be given for a very consider-

able length of time, and should not, therefore, be repeated too frequently.

In other respects the treatment is similar to that of the other forms of disorder of the general health; the objects being to restore the healthy state of the bowels, and of the uterine discharges, to give vigour to the system, and, if necessary, to remedy the different local complications.

Sponging, and much friction of the general surface, warm clothing, and a particular attention to guard against coldness of the feet, have appeared to me of great use in restoring the proper state and functions of the cutaneous surface.

SUPPLEMENT

TO

CHAPTERS II. III. IV. & V.

FURTHER OBSERVATIONS UPON THE TREATMENT OF THE COMPLICATIONS OF DISORDER OF THE GENERAL HEALTH.

I do not think the nature of the complications in disorder of the general health is at all determined. It is, however, certainly the passion of the present day to consider all painful local affections to be inflammatory. But I am persuaded there is great danger in this opinion; and that it has frequently led to the adoption of measures which have issued in the sinking of the patient.

I consider it to be established by careful observation, that not only disorder of the general health, but state of exhaustion of the system, is frequently attended by a state of fulness of

the vessels of the brain, with a disposition to effusion; and very frequently this condition of the brain, which was dependent, at first, upon the state of the intestinal canal, is kept up afterwards by a system of undue depletion.

In this case, then, it becomes an important question, how the treatment should be conducted. I would venture to suggest, from a careful observation, that the safe and proper plan is, first, to evacuate the bowels efficiently; in the second place, to empty the vessels of the part by full local bleeding by cupping; and, in the third place, to counteract the tendency to exhaustion of the system, by a due attention to light nourishment. In this manner the constitutional causes of congestion in the encephalon are removed and avoided, and the remedy is applied to deplete the vessels of the part affected. — This, I consider, to constitute a most important distinction in the use of local and general bleeding, the effects of which are totally distinct from each other.

As subsidiary to local bleeding, in these cases of complication with disorder of the general health, I regard the application of a blister to

the nape of the neck, and of a spirituous lotion to the whole head, to be very important; the head and shoulders should be placed high, and the feet should be fomented.

The complication of affection of the head with acute disorder of the general health, requires more active measures, than that with chlorosis. In the latter case there is a state of bloodlessness compared with the former; the symptoms are, indeed, very frequently similar to those in certain cases of exhaustion from loss of blood, and the affection of the head is often attended with the throbbing and other symptoms of re-action, or even by a state of sinking. In all such cases the detraction of blood is a measure to be adopted with the utmost caution; blisters, lotions, fomentations, and an evacuation of the bowels, must be conjoined with the utmost attention to maintain the strength of the system at large.

Indeed I do not hesitate to affirm that the investigation of the symptoms, and of the effects of remedies in these cases, is still one of the most important to which the mind of the physician can be applied. This subject will

again be taken up in the second part of this work, when I come to treat of some effects of loss of blood, of undue lactation, and of leucorrhœa.

Similar observations may be made in regard to those complications of disorder of the general health, which affect the heart, the chest, and the abdomen. — But in general these cases are less urgent. The bowels should be evacuated freely, but a state of inanition must be prevented, by light nourishment; the local affections must be treated, according to circumstances, by efficient cupping, and blisters, and by liniments and fomentations to the part affected.

In addition to the remedies which have been mentioned already, there are others of great importance, and which require to be administered with great caution. These are the tinctura opii, the tinctura hyoscyami, the spiritus ammoniæ aromaticus, &c. The object in their administration is to subdue the state of erethismus or irritation into which the system is frequently thrown in these affections, — and, if possible, to procure quiet sleep, which is often of the most signal advantage.

I have bestowed the more pains to elucidate this subject, because I am persuaded that it has not been generally understood that the state of the system at large, is frequently quite opposite to that of the brain or other affected organs. And yet it is unequivocally true, that apoplexy and paralysis even have repeatedly occurred in cases of exhaustion and inanition of the system, — as from loss of blood, from undue lactation, in cases of extreme weakness, and in the tall, thin, and feeble. Indeed congestion of the brain is not less compatible with an exhausted, than with a plethoric state of the system. In the former, efficient cupping appears to be the remedy, conjoined with a due attention to the state of the general system; in the latter, with similar views, to the cupping must be added free general bleeding; in each the congested state of the head must be relieved, and the system must be brought, as nearly as possible, into a natural state.

CHAPTER VI.

OF HYSTERIA, AS A FREQUENT COMPLICATION OF DISORDER OF THE GENERAL HEALTH.

Hysteria most frequently occurs symptomatically in chlorosis, or the other forms of disorder of the general health; it is, in some instances, however, distinctly connected with the state of the uterus, occurring at the period of the flow of the catamenia, or from sudden interruption or other derangement in their flow, and it is, in all cases, apt to be immediately induced by mental emotions, as joy or grief, and a less curable form of the affection has been occasioned by surprise, but especially by fright.

It is important to notice this painful affection in a work upon the disorders of females, from its frequency in them, from its occurrence in connection with the disorders which have already been so fully described, and, especially, from the importance, and the difficulty, in many cases, of distinguishing it from other morbid affections

of a more serious character, which are incidental to female youth.

Hysteria is in general denoted by sighing, sobbing, tears, or laughter, or a sense of suffocation, together with some urgent affection of the head, heart, respiration, or stomach, and frequently by some convulsive affection. This affection will be best described by dividing it into three forms or varieties, the mild, the severe, and the inveterate.

The mild form subsists as a tendency to alternate high and low spirits, to fits of laughter, to frequent deep sighing, sobbing, and tears. A fit of laughter, or of crying, sometimes takes on an aggravated character; the laughter or the sobbing becomes immoderate, involuntary, and at length convulsive, and there is frequently a peculiar spasmodic chucking in the throat; the countenance now changes, becoming alternately flushed, and pale, and denoting great anxiety; there is frequently an urgent difficulty in the breathing, with much hurried heaving of the chest, sometimes a violent fit of dry and spasmodic cough, and generally a sense and urgent fear of impending suffocation; and,

in different instances, there is palpitation, hiccough, retching, or borborygmus. The patient is despondent, and exaggerátes all her sufferings.

The severe form of hysteria consists in a various attack, catenation, or combination of the following painful affections.

The commencement, course, or termination of this, and indeed of every form, of this complaint, is generally marked, and the case distinguished, by the signs of some inordinate mental emotions, to which it is most important to revert, as they afford, in many cases, the most characteristic symptoms of this disorder.

The attack is frequently ushered in by an unusual appearance of the countenance, — change of colour, rolling of the eyes, distortions, or some spasmodic affection of the muscles of the face.

A state of general or partial, of violent, or of continued convulsion, or of fixed spasmodic contraction, takes place, and displays every possible variety in mode or form, as trismus, tetanus, contracted hand, distorted foot, or twisted legs.

The severe form of hysteria sometimes consists chiefly in a violent general or partial pain and throbbing of the head; occasionally this pain is confined to some particular spot even, and is so acute as to have obtained the appellation of the clavus hystericus; sometimes there is great intolerance of light and noise; sometimes a state of stupor, sometimes delirium. This state must be carefully distinguished from an idiopathic affection of the head.

The respiration is frequently much affected. An oppressive or suffocative dyspnœa takes place; or the breathing becomes rapid, anxious, and irregular, or variously attended with rapid heaving of the chest, or with a spasmodic affection of the diaphragm inducing a peculiar elevation of the abdomen, or an equally peculiar successory movement of the trunk in general; sometimes the respiration appears to be suspended for some time, the pulse continuing to beat as before; in this case it will generally be found, on attentive examination, that the breathing is performed by the diaphragm.

A peculiar crowing noise or screaming is apt to occur in this affection; and there is occa-

sionally great hoarseness, or even complete loss of voice, continued for a considerable time.

There is sometimes a violent, dry, hoarse cough, continued or recurrent in paroxysms; and sometimes there is an attack which resembles the most suffocating form of croup.

Palpitation of the heart, or syncope, are usual affections in hysteria; the pulse is, otherwise, often very little affected.

There is occasionally acute pain of some part of the chest, of the diaphragm, or of the abdomen. This affection might easily be mistaken for inflammation. It is often such that the patient cannot bear the slightest, and most superficial touch even; and it is by this very circumstance that it is sometimes distinguished from pain of an inflammatory nature, which is only aggravated by positive pressure.

There is frequently a sense of urgent suffocation, accompanied by the feeling of a ball ascending into the throat; this symptom is so peculiar as to have obtained the denomination of globus hystericus, and is considered as highly diagnostic of this affection. Hiccough and violent singultus, retching and vomiting; the sense

of a ball rolling about within the abdomen; borborygmus; a peculiar, great, and sudden tumidity of the abdomen, apparently from flatus; constipation, &c. are usual symptoms in hysteria, sometimes occurring in paroxysms, sometimes assuming a more continued form.

There is frequently a copious discharge of limpid urine; in other cases there are, on the contrary, difficulty, or even entire retention of urine, requiring the use of the catheter.

The inveterate form of hysteria consists sometimes in an almost perpetual agitation of some part of the body, the limbs, the respiration, the throat, or the stomach, and sometimes in a state of perpetual contraction of the hand or foot, or of some other part of the body; in various instances, too, there is a continued state of nervousness or agitation from the slightest noise or other cause,—of paralytic, epileptic, or spasmodic disease, — or even of imbecility of mind. This is altogether a most distressing disease.

The attention has, I think, been too exclusively directed to the paroxysm of convulsion in this affection. Some of the other forms of the attack of hysteria are almost equally

frequent. Hysteria is characterized, indeed, by affecting in the same, or in different instances, singly or conjointly, all the several systems which constitute the animal frame, — the organs of animal and of organic life; the different sets of muscles, voluntary, involuntary, mixed, and sphincter; the faculties of the mind, and the emotions of the heart, the functions of the head, the heart, the stomach, &c.

It is in thus viewing the character of hysteria that the diagnosis is often formed between its different and very various attacks, and other affections having a very different origin, and requiring a very different mode of treatment.

In some of the attacks of hysteria it is necessary to wait for the developement of the nature of the affection, by the occurrence of some of its more unequivocal symptoms; but the attack is, in other cases, distinguished from the beginning, by its sudden and urgent character, as well as by the peculiarity of its early symptoms.

An early diagnosis is certainly of the utmost importance, both in suggesting the proper remedies and the prognosis; and yet in no in-

stance, in my opinion, is an error in the diagnosis so common, as in the first days of some of the attacks of hysteria. Such errors in the diagnosis are to be avoided by a cautious inquiry into the history of the case, the mode of attack, the immediate existing cause or causes, and the early symptoms; — by a cautious observation of the existing symptoms, — their character of hurry and urgency, their multiplicity, and their conjunction with others of an unequivocal character; — and by cautiously waiting, and watching the accession of further symptoms which may tend to unveil the mystery of the case. The causes are frequently a disordered state of the general health, — the recurrence of the catamenial period, — and some mental emotion; the early symptoms are laughter, tears, globus, or other symptoms of the same character; the mode of attack is often marked by hurry and alarm; and the course of the affection is frequently attended by some symptoms or event of the same diagnostic character.

The affection of the head is attended by intolerance of light, noise, and disturbance, and

by urgent complaint. The pain of the chest, side, or abdomen, is such as to induce greater and more urgent complaint than that attendant on inflammation even; the patient generally pushes the hand rudely away, however gently applied, and she is extremely impatient of examination, complains much, and is urgent for relief.

The other forms of attack in hysteria, are of the same urgent character; that which resembles croup, has sometimes even appeared to demand the immediate operation of tracheotomy, from this character of urgency.

The remedies in hysteria are such as are required by the state of constitutional disorder, and especially by that of the stomach and bowels, and by that of the uterus, the functions of which require to be restored as quickly as possible. Aperient medicines, fomentations of the feet, and of the lower parts of the abdomen, are amongst the first remedies.

Then follow the means of relieving the urgent symptoms, which are as various as those symptoms themselves.

For the affection of the head, a lotion of spirit of wine and rose-water is of great service, and,

if necessary, a small blister may be applied to the nape of the neck; with these remedies, the tincture of hyoscyamus, sal volatile, and æther may be given, or a saline effervescent draught.

For the pain of the chest or abdomen, a liniment with sal volatile, or a fomentation of hot water, may be applied with similar internal remedies.

The same observations apply to the other forms of hysteria. In all, it is of the first importance to act upon the alimentary canal and uterus, then to soothe, and, lastly, to relieve the local pain or distress.

CHAPTER VII.

OF SEVERAL OTHER FORMS OF DISORDER OF THE GENERAL HEALTH, IN FEMALE YOUTH.

I THINK it may not be amiss to add, in this place, a very cursory account of several other forms of disorder of the general health, which I have noticed in female youth, and of which I have not found any description in medical writings. They are all insidious in the highest degree, and of the most protracted duration, admitting only extremely slowly of remedy.

In the first, there is impaired digestion and assimilation, and consequent emaciation, and debility, and amenorrhœa. The affection is several years in stealing upon the patient; and it is very long, indeed, in being removed. The remedies appear to be mild aperients, tonics, and slight cordials; rest, with the gentlest exercise; and those general and local remedies, which tend to restore the functions of the stomach and uterus.

This state of disorder of the general health is exemplified in the following case: —

Miss ——, aged 28, of tolerably robust health, and of a cheerful and social disposition, began, in 1821, to become recluse, and to lose her flesh and strength, and her wonted degree of health. In the summer of this year, Miss —— accompanied her uncle on a tour to Ireland; but this excursion, instead of conferring any benefit, appeared, by its fatigues, only to aggravate her indisposition.

In this manner Miss —— dragged on a feeble existence for several years. In 1824, her general health was greatly impaired, and she was much emaciated, and so feeble as to be confined to the sofa or bed the greater part of the day, or if exercise were attempted, it could only be borne in a reclining position in a carriage. The appetite was craving, and a sad sense of sinking was always experienced unless food were taken frequently; the tongue was coated; the bowels were very irregular, — the fæces scybalous and mixed with mucus; there was not the slightest pain or soreness upon pressure, in the epigastric or hypochon-

driac regions. The pulse was feeble and slow, scarcely ever exceeding seventy in a minute; there was great morbid sensibility to every change of temperature; and the extremities were, for the most part, cold, and could with difficulty be kept moderately warm. The urine was sufficient in quantity, and straw coloured. The catamenia had become irregular in 1821, and ceased altogether in 1822; she had, for several years, been subject to leucorrhœa, but this discharge had now increased exceedingly, inducing great pain and weakness of the loins.

With this state of disorder of the general health, Miss —— now suffered from pain of the right side of the face. Several diseased teeth were extracted without relief; those which remained were perfectly sound. The pain appeared to follow the course of the branches of the portio dura of the seventh pair of nerves, and then to diffuse itself, extending to the middle part of the upper and lower lips, and slightly to the eyelids. This pain was succeeded by a sense of stiffness and of the parts being drawn together; the muscles did not, however, appear to be drawn, on an external examination.

This pain and stiffness were not constant, but recurred almost daily, and particularly when the feet were cold.

The remedies which were prescribed were directed to correct the state of the digestive organs, to relieve the neuralgic pain, and to check the vaginal discharge. They were attended by much benefit, and Miss —— began to bear the exercise of walking in a gallery, and of a daily drive in a carriage; the tone of the digestive organs was much improved, the evacuations became more natural, and the leucorrhœa disappeared.

This state of amendment was unfortunately interrupted by a premature neglect of the remedies; the leucorrhœa returned, with extreme weakness. At this period, Miss —— became attacked by severe sickness and diarrhœa, after eating hare. This attack induced the utmost degree of exhaustion and debility, and Miss —— became confined to bed; the slightest exertion induced much suffering, with the aggravation of the neuralgia, and the addition of a train of distressing nervous symptoms, as globus hystericus, oppression of the breathing, panting, &c.;

and the slightest conversation, or even whispering, in her room, could not be borne.

At this period, i. e. in the beginning of 1825, in addition to aperient and tonic remedies, Miss —— began to take ale, instead of brandy and wine. The quantity was gradually increased to half a pint three times a day. From this time, Miss ——'s recovery may be dated; she has, with occasional interruptions, improved in flesh and strength, and is now, in 1827, jollier than she has been for several years; she is able to read and to enter into conversation with cheerfulness and interest; she appears, indeed, now only to require increased muscular strength; the pulse, the tongue, the appetite, and the bowels being natural, the nights in general good, and the neuralgia having ceased. After various chalybeates and tonics had been given, one grain of the sulphate of iron, and of the sulphate of quinine, were begun to be taken six times a day, three months ago. The catamenia appeared for the first time six weeks ago, and nearly at the proper period, a fortnight ago.

There appears now to be no doubt that Miss —— will continue to recover progressively.

In this patient, although there was such extreme weakness, and tendency to coldness of the feet, there was never the tendency to livid coldness of the nose and fingers observed in that variety of this morbid affection to be next described.

The second of these cases is characterized by impaired functions of the stomach and bowels, by chronic debility, and by a peculiar coldness and lividity of the nose, ears, hands, and feet. This complaint, like the former, is extremely insidious, and admits of remedy but very slowly.

As an example of this form of disorder of the general health, I subjoin the following interesting case: —

Miss ——, extremely feeble in her early years, became comparatively robust from the age of fifteen to that of seventeen or eighteen. About this period she was first observed to droop; she became paler and thinner, with loss of strength, appetite, and sleep; the hands and feet became cold and clammy, and incapable of being warmed

either by fire or exercise; the eyes looked dull, and the eyelids dark. To this state of disorder of the general system were afterwards added, headachs, vertigo, — a wretched, low, desponding feel, — a sense of sinking, yet with a total want of appetite, — an occasional pain of the left side, — the feeling as of a substance in the throat, sometimes preventing her lying down, — aching, or a gnawing sensation across the loins, so as to render moving in bed painful and to require support in sitting upright, — and swelling of the ankles. There was also a small tumour in the left mamma, which was apt to be painful and heated.

Of this patient it was observed by an eminent practitioner who was consulted at this time, in his own peculiar manner, "that her hands and nose were cold, and that she was good for nothing;" and this is by no means an inappropriate description of the complaint. There were great languor, an inability to bear any exertion, or even society, and an utter distaste for every kind of amusement. The nose and hands were livid and cold, especially on the slightest exposure to external cold; the

pulse was languid, and the feet were now kept warm with great difficulty.

This lady was benefited by several visits to Harrogate; but not less so by a plan of warm aperient, and tonic and chalybeate medicines, and by a nutritious diet with ale. Her health and strength have gradually but slowly returned; and she is once more capable of joining in society without fatigue, and of indulging in her taste for the piano-forte, &c.

The third case is attended by impaired digestion and defective assimilation, with some morbid state of the complexion, and the most extraordinary perversions of the temper; this might, indeed, be appropriately termed, the *temper-disease*. It would require a volume to enumerate and describe all the different obstinacies and contradictions, which prevail and harass the patient and her friends, in this sad affection; one of the most frequent objects of this morbid temper is, however, that of diet; the patient persists, perhaps, in a system of starving, or will only take the most improper

kinds of food, — or, perhaps, only such food as is obtained by a sort of theft, or in some other way supposed to be unknown to the family. In this case, the catamenia are usually suppressed. The treatment should combine all the remedies by which the healthy state of the alimentary canal, and of the uterus, can be restored, with the gentlest exercises of the body, and occupations of the mind.

It does not appear to me to be necessary to augment the size of this work, by adding any example of this melancholy morbid affection; such examples too frequently occur in practice; I shall, therefore, rather occupy the space which must have been allotted to such a case, by making a few observations on the treatment of the affections described in this chapter, in general. I would premise, in regard to this variety of disorder, that it is one of the most important parts of the treatment, if possible, to divert and occupy the mind and affections.

In all these affections the case is apt to be sadly interrupted by various occurrences almost inseparable from domestic life. Every instance of anxiety, exertion, or hurry, is liable to plunge

the patient into a state of slight febrile action, which leaves her in the state of languor from which she was just emerging; she is also, as well as her friends, apt to be disappointed and despondent from these untoward events, and again and again the case is viewed as hopeless. Still there is a general amendment amidst these interruptions, and I have hitherto met with no instance, in which the patient did not finally recover.

Amongst the causes of relapse, should also be enumerated attacks of cold, want of caution in regard to diet, and of watching in regard to the operation of medicine. A progressive recovery can only take place, when all these points are strictly attended to, in conjunction with the strictest rules relative to quiet, rest, early hours, &c. There are many modes of relapse, but there is only one of recovery.

In addition to a watchful attention to the state of the bowels, to the diet, and to quiet and repose, there are three remedies which require particular attention; these are the sulphate of quinine, the sulphate of iron, and mild bitter ale. The first appears to give tone to the

stomach and bowels, the second has certainly a peculiar and salutary action upon the functions of the uterus, and the third is most efficacious in restoring the strength and flesh in general.

CHAPTER VIII.

OF THE STATE OF DISORDER OF THE GENERAL HEALTH, OBSERVED IN FEMALES RETURNED FROM INDIA.

The morbid influence of the climate of India upon the system in general, and upon the functions of the liver and of the alimentary canal, is well known; but it appears to me, that the effects of a residence in India upon the functions of the uterus, have not received the degree of attention which they demand.

It is a well-known fact, that the catamenia occur earlier in warm than in temperate climates. Mr. C. M. Clarke mentions the interesting case of a European child, who went to the West Indies at the age of six years, in whom menstruation took place at the ninth year, and continued to recur regularly for three months; but the child then returning to a more temperate climate, the secretion ceased, and had not

returned when the child was twelve years old.* The catamenia not only occur early in life, but the flow is apt to become profuse, and there is, in many instances, great tendency to menorrhagia, and uterine hæmorrhagy, and even to abortion, and to leucorrhœa.

The result of this state of things is, that the patient becomes affected with extreme exhaustion, and is often compelled to return to Europe. This change of climate is generally of the utmost service in restraining the uterine discharges; but the effects of the previous drain and losses of blood do not so soon cease, and the patient presents all the symptoms of exhaustion, either in that form which is attended with re-action, or in that in which the symptoms of re-action do not manifest themselves. In addition to exhaustion, there are also very frequently the effects of intestinal irritation, the bowels being extremely apt to become confined.

The subjects of the effects of intestinal irritation, and of loss of blood, will be treated far more at length in the second part of this work.

* Observations on Diseases of Females, Part I. p. 12.

I shall, therefore, in this place, merely give the outlines of the cases of two ladies, who had been compelled to quit the intemperate climate of India, and to return to England. These cases, alike in respect to their causes, presented very different aspects to the cursory observer, one of them involving the more active suffering of intestinal irritation, and of exhaustion with re-action; the other, the more passive, but scarcely more tolerable suffering, of exhaustion with lowness rather than re-action.

The first patient, the mother of three children, returned from India for the recovery of her health, in 1820, having suffered much from the exhausting effects of the climate, and from repeated losses of blood, from what was termed debility of the uterine vessels. For some months after her return to England, the general health was certainly much improved, the catamenia having become small in quantity. At this time, this patient was exposed to the influence of anxiety, fatigue, and exposure to damp and cold, and became alarmingly ill, with severe pain of the head, accompanied by great intolerance of light and noise; the feet were

cold, but the skin dry and hot, the tongue dry and furred, the pulse one hundred and thirty, the bowels costive, the catamenia irregular and interrupted; fourteen ounces of blood were taken from the arm, and opening medicine, and the saline draught, were administered. The blood being cupped and buffed, the bleeding was repeated on the following day to syncope; and the bowels being torpid, calomel and antimonial powder were given every six hours, and the sulphate of potassa every four hours, and afterwards a powder composed of jalap and cream of tartar; these medicines at length procured several very dark and fœtid motions. The head was now relieved, but the exhaustion was extreme.

The pain of the head, and the intolerance of light and sound, returned at times, but not with so much violence, and the relief which followed the evacuation of the bowels was so great, that the patient was at all times anxious to resort to opening medicine. There was a gradual diminution of sufferings, but the state of exhaustion was such as to confine the patient to her bedroom for three months.

After this time, this lady returned, in some degree, to her wonted occupations; but the state of her health was extremely variable, and she would one day appear well, and another be entirely laid aside; the pain of the head recurred and disappeared suddenly; and whenever it was present, all noises were insupportable, and there were great soreness of the scalp, and the feeling as if the head were bound with an iron hoop, the spirits being greatly depressed; the bowels were always torpid. The pain of the head being referred to fulness of the blood-vessels, the patient was enjoined the most abstemious diet; she, however, always asserted, that the pain of the head was relieved, rather than increased, by taking food.

The patient was, at this time, put upon a plan of efficient but cordial aperient medicine, with a generous diet, whenever the bowels had been observed to be well moved in the morning, under the impression that the affection arose from intestinal irritation and exhaustion. From this mode of treatment, the countenance and general health were greatly improved, strength and flesh were gained, and the pain of the head

became less frequent and severe. The patient was, indeed, very long in regaining her strength, and was long apt to suffer from any effort or anxiety, but her freedom from affection of the head kept pace exactly with her returning general health; and she has since borne a child with every favourable circumstance, the strictest attention having been paid to the state of the bowels and of the strength.

In regard to this case, I would observe, that, if the bowels had been promptly evacuated on the first attack, I am enabled, by my experience, to say, that the blood-letting would have been unnecessary, and the patient would have escaped her three months' suffering and confinement.

The other patient had been subject to be constipated before her departure for India. When there, she was induced to take injurious doses of calomel, and she became subject to too copious a flow of the catamenia, and to leucorrhœa. After this period, this lady married, and, in about a year, had a nearly natural confinement. She suckled nine months, was regular during six months, and then again became pregnant.

But, at this time, she began to suffer from uterine hæmorrhagy, which returned on the slightest emotion or exertion, and even on assuming the upright position, so that she was obliged to keep constantly upon a couch. She miscarried in the fifth month of pregnancy, the third of this uterine hæmorrhagy, and lost much blood. The hæmorrhagy still continued to recur on the slightest exertion, and at last the debility was extreme, so alarming and urgent, indeed, that the patient was conveyed on board a vessel bound for the Cape, long before it sailed.

At the Cape, the uterine hæmorrhagy still continued to recur, and there was much leucorrhœa; still the health was much restored by a residence there of three months, when this lady left the Cape for England.

When in England, the menorrhagia and leucorrhœa still continued, with much bearing down of the uterus. These were also increased by any exertion; and, on one occasion, the strength of the patient was greatly lowered by anxiety and fatigue, during the sickness of her little daughter. On another occasion, all the uterine complaints were greatly aggravated by

the effort of ascending a hill; and, on a third, by writing many letters.

It is remarkable that, in this patient, with extreme debility, there were none of the symptoms of re-action; no pain of the head, no throbbing, no intolerance of light or noise. But on several occasions of anxiety and fatigue, during which I had an opportunity of watching their effects, there were distinct attacks of feverishness, with frequency of the pulse, heat of the skin, dryness of the lips, whiteness and load of the tongue, torpor of the bowels, and uncomfortable nights; exactly such attacks, indeed, as were experienced by the former patient, the affection of the head excepted. It is highly important to be aware of these effects of anxiety and fatigue in cases of extreme weakness; for they are otherwise apt to suggest the idea of strength and increased action, and to be treated by depletion, the bad consequences of which have already been pointed out.

The patient, whose case has been briefly given, was directed to regulate the bowels by cordial aperients, to take the sulphate of quinine, to observe a mild, nutritious diet, to check the

uterine discharges by the application of a cold lotion and the injection of a strong infusion of green tea, to observe the most perfect quiet both of body and mind, to keep very early hours, and, in a word, to adopt every measure to restore the healthy state of the functions and the strength of the system at large. And this plan has proved slowly but decidedly efficacious. Recovery is, however, apt to be sadly interrupted by a thousand occurrences which involve either fatigue or anxiety.

It is plain, from these two cases, that it is of the utmost consequence to be fully aware of the injurious consequences of undue exertion and of anxiety, in cases of exhaustion, both in order to avoid them, and to recognise them when they do occur. We should otherwise be apt to treat the affection of the head for inflammation, as was done in the first case, or for fever, and so further to reduce the strength of the patient and add to the original disorder.

In all such cases, the bowels must be ascertained to be evacuated, and be kept in a good state; then some cordial and tonic may be given with advantage; the strength is to be kept up

by a mild and light diet of a nutritious kind; and the patient is to be kept in a state of perfect quiet.

To these remedies gentle exercise in the open air, perhaps sea-breezes, sponging the surface with salt and water, the lotion applied to the uterine region, and the injection within the vagina, warm clothing, and especially keeping the feet warm, and early hours, are to be variously added according to circumstances. The head may be relieved by a lotion, or a blister, or, if necessary, by a few leeches; the feverishness by saline medicines and quiet; in all cases observing carefully to evacuate the bowels.

CHAPTER IX.

OF THE DIAGNOSIS AND SYMPTOMS OF SOME LOCAL INFLAMMATORY DISEASES.

In the preceding pages I have repeatedly alluded to the necessity which exists for an accurate diagnosis between the many and various complications of disorders of the general health, and some idiopathic affections of the vital organs. In this chapter it is my intention to take a cursory review of the different sources of distinction in these cases, and to state more particularly some of the symptoms of these local diseases.

It is the fashion of the present day to consider every local pain and other affection, to be inflammatory, and, forthwith, to use the lancet. I sincerely trust that I shall not, in this work, make one remark which might mislead the young or unwary practitioner to neglect the

use of this most powerful and essential remedy, when inflammation does really exist. I would even say that it is far better that the lancet should be used twenty times unnecessarily, than that it should be neglected once when really necessary. But still it is my duty to state, that I have seen many, very many cases of protracted indisposition which have entirely ensued from the misapplied and unnecessary use of the lancet; such a case is given p. 95.; and I would insist upon this point the more earnestly, because, I believe, it will generally be found, in such cases, not only that the disease was mistaken, but that other remedies, which ought to have been administered with or without the blood-letting, had been omitted. The plan of treatment which I would propose in doubtful cases, is also safer than that of the indiscriminate use of the lancet, and, notwithstanding the admission which I have freely made above, it is incumbent upon me to observe, that protracted indisposition is not the only bad effect of misapplied blood-letting, but that that remedy has, as well as the neglect of it when really necessary, been attended with fatal consequences.

There is only one mode of avoiding these different and even opposite kinds of danger, — and that is by a careful diagnosis.

Whenever there are the appearances of the complexion, tongue, and general surface, which have been described as obtaining in the different forms of disorder of the general health, the presumption will be, that any local affection is only a symptomatic complication of that disorder. This presumption is strengthened if there be an entire absence of any external cause of the local affection. But it is to be carefully observed that it is, still, only a presumption, and that there may be a concurrence of idiopathic local disease with disorder of the general health, — or that that which was symptomatic at one period, may become actual disease in its course, —especially in the more acute form of disorder of the general health described in the second chapter of this work ; — for this very rarely, perhaps never, occurs in the other forms of this disorder.

If there be many of the general symptoms of disorder of the general health which affect the head, the heart, the breathing, the nervous and the muscular systems, &c., there is a still further,

and, I think, a still stronger presumption that any predominant topical affection is symptomatic; for I have repeatedly observed that idiopathic disease frequently subdues these symptoms, even when they had previously existed, and gives a definitiveness to the affection which it had not before, and which returns only when the idiopathic disease is subdued.

I would not say that hysteria is incompatible with idiopathic inflammatory disease; but I am persuaded that attacks or symptoms of the former very rarely concur with the active inflammation of a vital organ. It is sometimes superinduced by the remedies for inflammation, and then denotes that those remedies have mitigated the disease and affected the constitution; but I believe that in the greater number of the cases of the occurrence of hysteria after blood-letting, that the original complaint was not inflammation, but disorder of the general health with some local complication, — or that such disorder concurred with inflammation, or finally, that the hysteric attack is simply the effect of loss of blood, which in itself, indeed,

frequently induces disorder of the digestive organs.

The particular mode and character of the attack frequently becomes a diagnostic mark of a complication of disorder of the general health, and of inflammatory disease. The former affection is sudden and variable; whilst inflammation sets in regularly, and does not cease to return, but simply yields to the powers of the remedies: the former, in returning, recurs with its usual violence; the latter, gradually, denoting the insufficiency of the remedies already employed, and the necessity for their repetition.

Another source of distinction exists in the effects of the remedies which have been employed. Early fainting, from blood-letting, is observed in the complications of disorder of the general health; inflammation, on the other hand, seems to protect the system from the effects of loss of blood: in the former case, too, there are often mitigated sufferings at first, but an aggravated state of complaint on the return of re-action after bleeding; whilst in the latter, this is certainly not observed, but the disease may

be found to be unsubdued, or perhaps pursuing its progress.

On the other hand, the complications of disorder of the general health are more relieved by purgatives, than an inflammatory affection would be; and the appearance of the evacuations affords another source of diagnosis.

On administering lowering remedies, in disorder of the general health, the patient becomes nervous, irritable, and feeble, in a degree not observed in inflammatory disease.

Such are the symptoms which usually distinguish complications of disorder of the general health, from idiopathic inflammatory affections. It may be useful, however, in this place, to enter more particularly into the diagnosis of some of the individual local affections.

With regard to the encephalon, it may be justly observed, that the slightest pain of the head should attract attention, especially if it be continued, and if it be unattended by any of those affections denoting disorder of the general health, which have been detailed in the preceding chapters, and in the former part of this,

and especially, if early syncope, and temporary relief, do not occur from blood-letting.

In inflammation of the brain, there is an unvaried state of pain, of intolerance of light and noise, and of the other symptoms; the character of the affection is simple and uniform; its course or its decline progressive: in the complication of affection of the head, with disorder of the general health, the case is more varied and complicated; the pain ceases and recurs, with varied violence, and very often with far more urgent intolerance of light, noise, and disturbance, than are observed in actual inflammation. In the former case, the patient expresses herself fatigued on being requested to assume the upright position; but in the latter there is often fainting. In inflammation, new symptoms are perhaps added to the former ones, but they are all in accordance with the nature of the disease. In the complication with disorder of the general health, on the contrary, the new symptoms are various and even contradictory, and have no apparent connection with the affection of the head; there are some symptoms of a nervous and perhaps hysteric character, and fre-

quently fainting, and great complaints of weakness.

In inflammation of the pleura, the pain is always increased on making or repeating a full inspiration, even if not very severe; the pain resulting from disorder of the general health is, perhaps, far severer than in the former case, and yet, upon repeating a full inspiration several times, it will be found not to be necessarily increased by distending the thorax. In the case of inflammation, there are, in general, cough, and other symptoms of pleuritis; the attack is generally connected with some particular external cause, the course of the affection is uniform, and relief is obtained by the appropriate remedies: in the case of disorder of the general health, there is generally no cough, nor other symptom of pleuritis; the cause is found to be in the state of the bowels, the pain varies, subsides, or ceases, perhaps, to recur, and relief is obtained by various topical applications, and by attending to the original disorder.

Similar remarks may be made in regard to pain of the side or abdomen. This pain is frequently peculiar in the degree of tenderness

which accompanies it; this is such, sometimes, that the patient cannot bear even the approach of the hand, applied for the purpose of examination.

There are two cases of disorder of the general health, in which cough occurs, and induces a resemblance to phthisis pulmonalis. These are cases of the more acute disorder described in the second chapter, and of chlorosis. The former case is to be distinguished by the symptoms and the effects of remedies for the general disorder; the latter, by the same means, and frequently by a most peculiar barking, or sounding tracheal cough.

In inflammation, I have frequently observed a natural state of the general surface, and of the tongue; the pulse is usually permanently frequent; and there is generally a total absence of all those appearances and symptoms, which are so characteristic of disorder of the general health. The affection is definite, its course regular; free blood-letting, even, is borne well, and without either syncope at the moment, or the symptoms of re-action subsequently.

CHAPTER X.

OF THE CONSTITUTIONAL SYMPTOMS IN TUBERCULOUS AFFECTION OF THE ABDOMEN.

Tubercles, in whatever organ they may be developed, induce a set of constitutional symptoms, which are quite peculiar and characteristic; but these symptoms are by far most clearly manifested in the case of tubercles of the abdomen. It is of this last affection, therefore, principally, that I would be understood to speak in the present chapter.

Tuberculous disease in the abdomen, is the most insidious of all those which may be considered as, for the most part, necessarily and progressively fatal. I have repeatedly traced this tuberculous affection, through a distinct course of four, five, and six years.

It is, also, most unequivocally, a family or hereditary complaint. I have, in many instances, had the melancholy task of watching

one member of a family taken off after another, by this incurable disease.

I think the proportion of females affected with tuberculous disease in the abdomen, decidedly greater than that of the males; but the latter by no means enjoy an immunity from its attacks.

The age at which that peculiar form of the disease, of which I am speaking, occurs, is usually from fifteen to twenty-five.

Tuberculous disease in the abdomen, is greatly characterized by three symptoms, — great tendency to coldness and lividity of the extreme parts of the body, a frequent pulse, and slow but progressive emaciation.

The aspect of the countenance is altogether peculiar, especially in cool weather, together with an obvious emaciation and expression of languor and disease; the end of the nose is livid in colour, and cold to the touch; and there is in general, either paleness or a slight degree of flushing.

Similar observations may be made respecting the general surface. There is emaciation; the skin is soft, and apt to become moist, and there

are frequently perspirations during sleep, especially in the early part of the morning; to prevent this perspiration, the patient frequently endeavours to keep awake; there is an undue sensibility to cold observed on the slightest unexpected exposure,—as the opening of a door,—and the patient frequently creeps over the fire; sometimes I have observed the back of the hands, and the fore part of the legs, to assume a peculiar brown colour, from being burnt by a constant approach to the fire; the hands and fingers are apt to be extremely livid and cold.

The mode of walking is peculiar, being attended by stooping, weakness, and caution.

The pulse is always frequent, and generally regular. It is earlier, and longer frequent, in tuberculous affection of the abdomen, than of any other cavity. I have known the pulse to be between one hundred and one hundred and twenty for several years.

The emaciation in tuberculous disease of the abdomen is uniformly but very slowly progressive. It is accompanied by a state of unvaried debility; and in the later periods of the disease,

by some œdema, generally observed more in one leg than the other.

The other symptoms of this morbid affection are less constant; they are chiefly an augmented appetite for food, copious, pale, alvine evacuations, and pain, and sometimes a perceptible tumor, in some part of the abdomen, especially in the iliac or hypogastric regions. The catamenia simply become scanty, or cease, without undergoing the changes observed in some cases of disorder of the general health.

There are altogether a peculiar appearance of the countenance, a peculiar mode of walking, and a peculiar attitude and manner in general, all denoting debility and great disease; and if to them be added the peculiar sensibility to cold, and tendency to coldness and lividity of the extreme parts of the body, the very gradual emaciation, and the habitual frequency of the pulse, it is scarcely possible to mistake the nature of this disease; but in practice the diagnosis requires very careful and minute observation.

Tuberculous affection of the encephalon, can, I believe, only be suspected and distinguished

from slow inflammation, by observing the concurrent existence of tubercles in other parts of the body; and the symptoms of tubercles in the lungs have lately been so fully described by Bayle, Laënnec, and Louis, that I do not think it at all necessary to enter into that question in this place. The tuberculous affection of the abdominal cavity is not, however, so well known, and I shall, therefore, take this opportunity of detailing its symptoms in several well marked cases which have fallen under my observation.

I shall first give a brief sketch of two cases which first excited my attention to the constitutional symptoms of this disease.

Miss ——, aged 19. This young lady's complaint has formed and proceeded very slowly and insidiously. Her countenance is thin and peculiarly expressive of disease; the skin is smooth, the nose apt to be cold and livid; the fingers are affected in a similar manner. There is considerable loss of flesh, the skin in general is smooth, and there is much tendency to perspiration. The tongue is marked by enlarged papillæ, and is, in other respects, red, and

scarcely loaded. She hangs down the head. She has a hacking cough, which gives her pain in the chest. She has much pain, and some tenderness of the abdomen; the bowels were at first constipated, but are now open. The catamenia became irregular nine months ago, and ceased altogether three months ago. This affection proceeded as it began, making a peculiarly slow, but gradual progress, and inducing extreme weakness and emaciation during many months, and at length proved fatal.

Miss ——, sister of the former patient. When the young lady whose case has just been detailed became so feeble as to be unable to walk unsupported to see me, she was generally attended by her mother alone, but on one day the present patient accompanied them. She was not suspected to be an invalid, but her appearance struck me forcibly as being similar to that of her sister, and I disclosed my opinion to their mother, that both her daughters were affected by the same complaint, and I had previously expressed my fear of its fatal character. From that time they visited me no more; but I had an opportunity, on a subsequent day, of making

the following report of Miss ——'s complaint: — The face is thin, the eye-lids affected with a dark ring, the nose and lips are livid and cool; the rest of the countenance, cool and pale; the tongue is nearly clean, with a few enlarged papillæ at its point; the hands are cold and thin, and the nails livid; there are great emaciation and weakness; there is much chilliness in the morning; and there is a slight cough, with scarcely any expectoration; the pulse is one hundred and eight, or rather more; there is pain of the abdomen and of the left side; the bowels have been loose, but are now less so; the catamenia have been regular, except that it is two months since their last appearance. This patient hangs down the head, and sits much near the fire, just as her sister had been observed to do before her. — Miss —— lingered for a considerable time, but the disease proved at length fatal, having induced extreme emaciation.

No examination of these patients was permitted, and it was not until the following and some other cases occurred, that I certainly knew with what disease the constitutional affection, which has been described, was to be associated. Never-

theless, the aspect, the progress, the symptoms, and the effects of the affection were such as to induce the conviction that it was of a fatal kind.

The following case is more detailed, and the symptoms are connected with the morbid anatomy. It is only one of many, in which I have observed the characteristics of this disease, and confirmed the diagnosis by post-mortem examination. It occurred in the male sex, but I am not aware that this circumstance would at all modify the symptoms.

Mr. ——, aged 21, first began to complain four years ago; two years ago he observed a loss of flesh, and of strength, and an incapacity for his usual business and exercise, and a degree of coldness and lividity of the end of the nose; during the last year and half he has been affected with a short hacking cough, and with a degree of pain and tenderness on the right side of the abdomen below the navel; and during the last half year he has been unusually sensible to cold, becoming chill whenever a door is left accidentally open, and being affected with a livid and clammy coldness of the fingers. These

affections have made a slow and insidious progress; the thinness, loss of strength, and sensibility to cold gradually increasing, with a sense of weariness, and a propensity to sit over the fire.

At present, October 1817, the countenance is expressive of disease, rather emaciated, pale, but easily flushed, and the nose is very liable to become livid and extremely cold; the tongue is rather white, with enlarged papillæ; he is feeble in his walk, but not tremulous or easily agitated; and he is extremely sensible to the cold; the hands, and especially the fingers, are very liable to become livid, clammy, and cold; the surface in general is thin, the skin soft and apt to become moist, and there is occasionally perspiration in the night; in the night, too, there is frequently a degree of muttering delirium; there is a hacking cough, with the expectoration of white mucus, never tinged with blood; the pulse is always frequent, and easily accelerated; at this time, the patient being in bed, it is one hundred and twenty; there has all along been slight aching pain, deep in the right iliac and umbilical regions, the part being tender on pres-

sure, and especially on making a false step in walking, and presenting, on examination, a perceptible hardness not abruptly defined; the pain is sometimes acute, and sometimes it appears to extend to the testes; the bowels have been apt to be loose, the stools generally copious, fœtid, and whitish, — of the colour of white clay — and rather light, like yeast.

November 11. There is a gradual loss of flesh observed in the countenance, the bones of which become more and more prominent; the colour is pale, never yellow or sallow, but easily flushed; there is generally an expression of suffering, and especially on coughing, and there is, now that he has not been out of the house even, a degree of lividity of the nose, which is colder than the cheek. The tongue is loaded at the back part, and displays enlarged papillæ at the point and edges. He now bends still more forward in walking, and is obliged to use a stick for support; he lies most easily on the back, or on the left side. The hands are apt to be cold and livid. He has no pain of the head, or fluttering about the heart. He has a variable hard cough, with increased pain of the abdo-

men, and a little mucous expectoration, sometimes preceded by a little dyspnœa. The pulse is one hundred and twenty, small, and regular. He complains of constant tenderness and soreness of the abdomen, especially of the right side, and low down, where a degree of hardness and tumor are perceptible on examination; he complains also of pain in the perinæum, within the hip, and deep in the hollow of the sacrum; the hand is immediately applied to this part on coughing; there are attacks of griping pain, especially in the evening, and on taking warm tea; the appetite is pretty good; there is a little thirst in the evening; the alvine evacuations are copious, sometimes formed, always of the colour of whitish-brown paper, and fœtid, but without pus or blood. The urine is sometimes clear, but sometimes deposits a copious sediment. He is rather less chilly, and has never any shivering; he does not perspire in the night, but always if he falls asleep in the morning.

December 16. The deep colour and coldness of the nose are less observed in bed than when he is up. The tongue is now clean, of a

deep red, smooth in the middle part, moist, and with enlarged red papillæ at the point; some time ago it was, with the internal parts of the lips, covered with numerous and very minute aphthæ, with much soreness. There is some sweating, but only in the morning, and chiefly during the last morning sleep; he has often purposely kept awake to avoid this morning perspiration. The other symptoms and appearances become progressively worse.

January 10th 1818. The symptoms remain nearly as before, but the tumor of the right part of the abdomen is far less perceptible, and the bowels less affected with pain. This patient declined and sank very gradually.

On examination, the peritonæum was found slightly but generally adherent to the enclosed viscera. The omentum was destitute of fat, but studded with tubercles of the size of a pea. The small intestines were adherent, admitted of being raised up on the left side of the abdomen, but attached on the right. In the right iliac, and in the lower and right part of the umbilical regions, there was a mass of disease consisting of

the united bowels, and of the mesentery, enclosing tubercles, and enlarged mesenteric glands, some of which were converted into puriform matter, which exuded from several orifices when this mass of disease was divided; one part of the bowels was ulcerated, and on being torn, an apricot-stone, half digested, escaped. The glands, not only of the mesentery, but of the mesocolon, and of the small epiploon, were enlarged; this membrane itself was discoloured, and a part near the cordia, together with that part of the peritonæum in contact with it, were ulcerated. The stomach was free from ulceration. The liver was only affected by superficial adhesions. The right lung contained tubercles, some of which were softened and suppurated; the left lung was heavy, fœtid, and replete with tubercles and partial suppurations; there was some water in the right pleura. The right leg and arm were very œdematous; the left, literally skin and bone. The integuments were extremely white and the skin roughish.

The state of enlargement of the papillæ of the tongue, and the state of the complexion, in some

instances, would lead me to conjecture that the tuberculous affection of the abdomen may be connected with a disordered state of the alimentary canal, and if so, this forms an additional reason for circumspection and attention in regard to the latter disorder, — to observe its first inroads upon the general health, and to remove it early. Disorder of the general health can, however, only be viewed as an exciting cause of tuberculous affection; for there is always a constitutional cause of still greater influence in the developement of tuberculous disease.

It is of great importance to ascertain the external circumstances which may concur to induce tuberculous disease, or which may have some efficacy in preventing it. Of the causes of this morbid affection, sedentary habits, poor diet, a damp atmosphere, and defective clothing are probably the principal amongst the poor; and warm apartments, recluse studies, and a variable mode of dressing, amongst the rich. The chief preventives are a nutritious and anima diet, an active and regular system of exercise,

warm clothing, sponging the surface, and a strict attention to the general health. If one member of a family have suffered, a total change of diet, habits, and air should be immediately adopted for the rest.

CHAPTER XI.

OF SOME AFFECTIONS OF THE UTERUS, AND OF THE MAMMA.

The affections of the uterus depend chiefly upon four causes:—the first is disorder of the general health, in the various forms already described; the second, a state of exhaustion of the system; the third, organic disease of some important viscus; and the fourth, inflammation of the uterus itself.

Some of the morbid conditions of the uterus and its functions, which result from disorder of the general health, have been already noticed incidentally in the preceding chapters; they consist in an impaired condition of the catamenial function, supervening, for the most part, gradually; the uterine discharge becoming irregular, generally retarded in its returns, of shorter duration in its flow, and defective in quantity and in colour, until the case at length

issues in complete amenorrhœa. Besides this gradual change in the function of the uterus, there is, in some cases, a state of painful menstruation, an affection, which although inflammatory in general, appears to be spasmodic sometimes, and is frequently dependent upon a morbid condition of the large intestine and its contents. In this case nothing relieves more than fomentations of the feet and of the pudenda, warm water and opiate injections, and the tincture of opium, or of hyoscyamus, given as a draught; and the prevention consists in an attention to the general health, and to the state of the large intestine in particular, and in carefully watching the period of the recurrence of the catamenia, recommending the patient to betake herself early to bed, and to adopt the measures already proposed for her relief.

In a state of exhaustion, the catamenial function is differently affected; the flow sometimes ceases, especially if the exhaustion has been suddenly brought on; at other times the discharge is even increased, and varies, in its nature, from hæmorrhagy, or menorrhagia, to a state of leucorrhœa; or at each return of the

catamenial period, the flow is at first profuse, and perhaps hæmorrhagic, and then assumes the form of a pale or leucorrhœal discharge. In this affection, attention to the general health, repose, a cool atmosphere, leeches, a lotion with alcohol applied over the pubes and pudenda, and injections of strong green tea, frequently thrown into the vagina, are the principal remedies.

In various organic diseases I have observed that the catamenia cease by simply failing to appear at the expected period, without any of those modifications in their appearance observed in cases of disorder of the general health, and of exhaustion. The function of the uterus seems to be interrupted rather than deranged.

But my principal object, in this chapter, is to notice some morbid states of the catamenial function, apparently dependent upon an inflammatory affection of the uterus itself; these affections are amenorrhœa, dysmenorrhœa, and the casting off of a false membrane from the internal surface of the uterus.

All these cases are attended and denoted by pain. This is frequently constantly present, or at least easily excited by coughing, straining, or

jumping; it is often felt on voiding the bladder or rectum; it is apt to be augmented in paroxysms, and it is sometimes attended by a sense of bearing down, by frequent calls to make water, or by some degree of tenesmus or uneasy feeling about the rectum; and it is not unfrequently attended by pain at the lowest part of the back, and round the pelvis.

Amenorrhœa, arising from an inflammatory state of the uterus, will, if we can divest ourselves of the influence of a name, be readily distinguished from the cessation of the catamenia in chlorosis, by the absence of the peculiar appearances of this disorder, and by the pain and other symptoms of inflammation. The mode of accession of this case of amenorrhœa is different from that in chlorosis, being less gradual, and less marked by the gradual changes of colour in the discharge.

Dysmenorrhœa from an inflammatory condition of the uterus, is still more common, perhaps, than amenorrhœa. It is sometimes accompanied by great pain and profuse discharges, at each catamenial period, and often proves a cause of sterility. In one instance, the patient

became pregnant at length; but the substance of the uterus was diseased, and presented the form of painful tumours, on examination of the abdomen; and, after delivery, a fatal inflammation destroyed the patient. On examination, the uterus was found to be the seat of a diseased structure, in a state of partial suppuration.

In some instances the inflamed lining of the uterus has formed a false membrane of coagulable lymph, such as is formed, in some cases, in the trachea, and in the intestines; and this is at length thrown off by painful contractions of the uterus, frequently accompanied or followed by hæmorrhagy. The case resembles abortion. The false membrane has the form of the internal cavity of the uterus, but is readily distinguished, on a careful examination, from an ovum.

In all these cases an active application of antiphlogistic remedies is absolutely necessary to relieve the patient, to subdue the inflammation, and to secure the organ from a future state of disease of a still more formidable character. I would particularly enforce this remark, in regard to all cases of dysmenorrhœa, which are too apt to be treated as a mere

monthly inconveniency, without sufficient reference to the nature and tendency of the complaint; we ought, on the contrary, to be satisfied with nothing short of totally subduing the disease.

For the case of inflammation, in which a false membrane is apt to form, judging from analogy, I should imagine that a full course of mercury might cure. I am not aware that it has been tried. But considering the painful character of the affection, and its usual effect in inducing sterility, it appears to me, that this remedy deserves to be submitted to the test of experiment.

Otherwise, I am not aware of any mode of treatment, except that adapted for inflammation and pain, in general; only, I would suggest, that the antiphlogistic measures should not be adopted during the attack merely, but should be continued long afterwards; for the formation of the false membrane is the more immediate effect of inflammation, whilst its detachment and expulsion are more properly the consequences of contraction of the uterus itself.

Whatever is found to affect the function of the uterus may be considered also as liable to derange the healthy condition of the mamma, either immediately, or through the medium of the former organ.

It is in this manner that some diseases of the mamma are excited.

I have repeatedly known affections of the mamma in the form of distinct tumours, or general enlargement, to arise from a deranged state of the general health, and, after having been consigned to the knife, to be removed by an attention to its original cause.

In the same manner, some mothers, after having repeatedly made the attempt, have been convinced that it was impossible for them to nurse, their milk having always deranged the health of the infant. This inconvenience has been completely removed by a strict attention to restore the functions of the digestive organs, and the health in general.

It has already been noticed that the return of the catamenial period is usually attended by a tumid state of the mamma. It is not, therefore, surprising, that a deranged state of the

uterine functions should induce a morbid condition of the latter organ. Such a morbid condition of the uterus may, indeed, be frequently traced as the cause of a morbid affection of the mamma: in some cases it has excited tumours in the substance of the mamma; in other instances it has disordered its secretion, and ultimately proved the cause of derangement of the health in the infant. A familiar example of this occurs in those mothers who have begun to menstruate before they have ceased from suckling; at each return of the catamenia the child is, in many instances, distinctly disordered in its health.

In other cases of derangement of the uterine function, the mamma, instead of being affected with tumor, becomes flaccid and diminished in size.

CHAPTER XII.

OF SOME LOCAL AFFECTIONS IN THE PROTRACTED FORM OF DISORDER OF THE GENERAL HEALTH.

These local affections have been enumerated at page 47. It is my present object merely to make a few incidental remarks in regard to their character and local treatment.

It may be observed in general, relatively to these local affections in protracted disorder of the general health, that they are apt to recur continually during the whole course, and even during the cure, of the original disorder; so that this event should by no means lead us to despair of an ultimate and total emancipation from the tendency to their renewed appearance.

On the other hand, I believe it may be justly observed, that these local affections seldom, if ever, occur without disorder of the general health; so that their appearance may almost be

regarded as a certain sign of the previous existence of this disorder.

Furunculus, or boil, is extremely apt to occur in cases of disorder of the general health, and I think the character of the constitutional affection is accurately indicated by that of the boil. The boil itself varies exceedingly: sometimes it proceeds readily to suppuration, sometimes it is long indolent; sometimes it is solitary, sometimes it occurs spontaneously, or successively, in different parts of the general surface; sometimes it is small and circumscribed, sometimes it is more extended and less defined, assuming the appearance of carbuncle.

Hordeola appear to be dependent upon the same constitutional derangement.

The same observation may be made of a certain milder kind of paronychia. In this affection, the application of the lunar caustic is recommended by Mr. Higginbottom, who observes that "in slight cases the lunar caustic may be passed over the inflamed part, and that in this manner suppuration and the continuance of inflammation are frequently prevented." *

* Essay on the Application of the Lunar Caustic, p. 121.

Repeated attacks of erysipelas upon the nose frequently occur in cases of protracted disorder of the general health. This constitutes a very troublesome complaint; exposure to heat or cold, and whatever increases the constitutional disorder, are apt to renew the attack, and this even during recovery. The patient is thus frequently led to despair of cure; this does, however, eventually take place, when, by long perseverance in the proper remedies, the original disorder is at length removed.

The erythema nodosum is by no means so apt to recur, as the affections which have been already noticed. I have seldom known several attacks of this affection to take place in the same patient. It is also, generally, very easily and promptly removed by the constitutional remedies. It occurs chiefly, if not solely, in children and in female youth.

The harsh and cracked state of the skin surrounding the prolabia has not, I think, been noticed distinctly by any author. It consists of a continual dry splitting and exfoliation of the cuticle, and occupies a ring of about one fourth of an inch in breadth, all round the mouth.

It varies in severity in different cases, and at different times; it is sometimes partial only, at others it involves the whole prolabium and a portion of the surrounding skin.

I have mentioned, p. 68., a variety of dropsy, arising out of a state of disorder of the general health marked by extreme pallor. In some other cases of this constitutional affection, I have observed, and even foreseen, an eruption of purpura, and even the severer case of purpura hæmorrhagica.

Inflammation of the tunica conjunctiva of the eye, and the appearance of pustules and subsequently of small ulcers at the junction of this membrane with the cornea, are frequently the peculiar effect of disorder of the general health. I have observed the best effect from the administration of an emetic dose of ipecacuanha, followed by the proper remedies for the constitutional disorder.

It is frequently melancholy to observe the devastation made by decay of the teeth, in some neglected cases of disorder of the general health. This is a point to which the attention of parents,

as well as of the medical practitioner, requires still to be called.

With or without decay of the teeth, there is frequently a sad state of the gums, and of other parts of the internal mouth. The gums are spongy and ulcerated, the teeth affected with incrustations, and the secretions are morbid and very offensive.

A still more frequent occurrence in disorder of the general health, is that of small, circular, and painful ulcerations, on the inside of the lips or cheeks, upon that part of the gums which is distant from their edges, and upon different parts of the tongue. They are generally solitary, and always few in number; they usually continue for about a week, and are very painful at their first appearance; they are apt to be induced in persons whose general health is deranged, by exposure to cold, by taking cold, or by any impropriety in diet, or other cause of augmentation of the constitutional disorder. In this manner they continue to recur for several years perhaps, but the tendency ceases when the original disorder is finally removed. I believe the application of the lunar caustic

would remove the tenderness in these painful ulcers, and lead to an early cicatrisation.

A more important affection, in consequence of disorder of the general health, occurs in the throat. Sometimes there is a constant state of inflammation, with or without enlargement of the tonsils or of the uvula; sometimes there is ulceration; this affection often induces cough, and alters or destroys the voice. The remedies for the constitutional disorder, and the proper application of the lunar caustic, appear to me to be the only efficacious means of removing this troublesome complaint.

The tongue itself sometimes becomes successively the subject of hard tumors about the size of a horse-bean, which slowly suppurate, and issue in deep, indolent ulcers. In this case the constitutional remedies and the caustic are the proper means of cure.

In other instances, I have seen ulcers within the nostrils, which appear to have the same origin, and to admit of cure by similar measures.

Not to mention more examples of local affections arising from disorder of the general health, I would conclude these observations,

by adverting to a singular tumidity of the integuments of the face and of some parts of the body, which sometimes occurs in the most sudden manner. I think this affection arises from some indigestible substances taken, in cases of constitutional and stomachic disorder. It is generally soon removed by an emetic, and purgative medicines.

There are two other affections, which are frequently mentioned in medical writings, and which have appeared to me to be allied to some forms of disorder of the general health. These are the scorbutus, as treated of by Willis, and some forms of cachexia. These affections still require a renewed investigation.

POSTSCRIPT.

I would observe, in the conclusion of the first part of this work, that there is no one of the disorders of which it treats, which does not, mutatis mutandis, occur in the male, as well as in the female sex.

I have observed even chlorosis and hysteria, in their most marked forms, in the young and delicate of the male sex. And the other forms of disorder of the general health are frequently induced, in youths, by recluse and studious habits. In this manner, they are apt to be formed during a residence at college; and clergymen and other ministers are, for this reason, very frequently the subjects of these distressing complaints. In others, they occur from anxiety or sorrow.

END OF PART FIRST.

PART SECOND.

OF SOME DISEASES INCIDENT TO THE PUERPERAL STATE.

PART SECOND.

OF SOME DISEASES INCIDENT TO THE PUERPERAL STATE.

CHAPTER I.

OF PUERPERAL DISEASES IN GENERAL.

If, as I have observed in the former part of this Volume, many circumstances concur to render the disorders of female youth peculiar, this is still more emphatically true of puerperal diseases. This fact will appear sufficiently obvious upon a simple enumeration of the principal causes of these diseases; and still more so, when it is considered that, in general, two or more of these causes co-operate together to produce the cases which present themselves to our notice in actual practice.

In both these points of view, indeed, the subject of puerperal diseases appears to me to present a peculiar object of study to the physician. In scarcely any other cases do so many and such various circumstances require to be taken into the consideration at once, as in puerperal diseases.

This class of diseases may be considered as embracing all those morbid affections which arise out of the state of pregnancy, of child-bearing, or of lactation. They may be divided into those which occur in the earlier, and in the later, periods of pregnancy, — immediately before, and after, and during the act of parturition, — during what is termed the puerperal state, — and during the period of lactation.

In the early period of pregnancy many organs suffer, in consequence of the source of irritation then set up in the uterine system. These affections are, for the most part, well known, and do not come within the design of this work, the object of which is to treat only of certain morbid affections, which occur in the puerperal state, and which appear to me not hitherto to

have received the degree of consideration which is due to them.

In the later periods of pregnancy several causes combine their influence, especially to endanger the state of the brain. It is upon the conjoined and separate operation of these causes that our attention should be particularly fixed, in regard to the diseases of this period; for it is frequently by their co-operation alone that their morbid influence upon the brain is brought into activity, whilst it may occur, afterwards, that one or even several of these causes may be removed, and yet a remaining one may renew or continue the morbid effect upon the brain, which they had conjointly begun. The causes which co-operate in the last period of utero-gestation, in inducing a morbid state of the brain, are chiefly uterine and intestinal irritation, concurring with the actual pressure of the gravid uterus, upon the various viscera and vessels situated behind it, and the state of plethora of the vascular system especially, occasioned by this pressure.

During parturition the contractile efforts of the uterus and of the abdominal muscles, add

another source of danger to those already mentioned; and it is at this period that the brain is most subjected to fulness and pressure, and that convulsions or apoplexy are apt to occur.

Several sources of danger are removed when delivery has taken place; and yet this is not always sufficient to protect the patient from an attack of convulsion; for this terrible affection has first occurred even after delivery had been effected. In this case, especially, I suspect that a state of intestinal load and irritation has been the exciting cause of the attack of convulsion. And this observation confirms the remark already made, that when several causes have co-operated to induce a state of danger, some may be removed, and yet, if one remain, it may lead to the most disastrous events. This peculiarity in the study of puerperal diseases, cannot be pointed out too often, or too strongly.

Convulsions do occasionally occur after delivery, even although the system be in a state of exhaustion from hæmorrhagy. The state of general exhaustion is not, I believe, incompatible with a state of fulness of the brain; but

this kind of convulsions will be found, I think, frequently to involve also a state of intestinal load and irritation.

But immediately after delivery, the danger may arise more directly and simply, from a state of inanition and exhaustion, the effects of an emptied condition of the uterus and abdomen, of abstracted pressure upon the viscera and vessels along the spine, and perhaps of loss of blood.

To these sources of danger, after delivery, must also be added, the effects, perhaps, of protracted suffering, of violent pain, of mental alarm, and of what may be termed the 'shock' of parturition.

There is another series of puerperal affections which do not occur, for the most part, until some hours at least after delivery. These affections consist principally in uterine or peritoneal inflammation, in the effects of intestinal irritation, in the effects of loss of blood, or in two or more of these combined. There are two other sources of irritation, in the condition of the mammæ, and occasionally of the uterus; and there is

that terrible disease, the epidemic puerperal fever.

Considering the important and sudden change which takes place in the condition of the uterus, in parturition, we cannot be surprised that this organ should frequently be the subject of inflammation in the puerperal state. Neither can it be matter of surprise, that its appendages, the adjacent viscera, and the peritonæum at large should, not unfrequently, participate in this morbid condition. And when we further consider the degree of violence to which the brain has been subjected, during parturition, we must be led to expect that this important organ should be left by that process in a state of proneness to inflammation; and this is precisely the case; for, next to the viscera of the abdominal cavity, the brain is, perhaps, the organ which is most apt to become affected by puerperal inflammation.

There is another not less fertile source of puerperal disease, in the state of the alimentary canal after delivery. This state consists, in general, in a loaded or disordered condition of the large intestines; but sometimes, also, in im-

proper things taken into the stomach. It is most important to observe, that the effects of stomachal or intestinal irritation, are very similar to those of inflammation, as it affects the head or abdomen; for on the just diagnosis of these cases depends the proper application of the remedies.

Similar observations apply to the effects of loss of blood, when these are of the remote character, and attended by the phenomena of reaction. In this case, the head is apt to be so affected as to lead to the idea of inflammation of the brain; and the heart, so as to present the symptoms of disease of this vital organ.

But it is rare that these sources of disease act thus distinctly; it is far more usual to observe them co-operating together to produce a mixed case, and it is in such complicated cases that all the attention and energies of the mind are required to appreciate the influence of each, and to adapt the remedies to this complicated form of disease.

There is, not unfrequently, also, a source of irritation in the state of the uterus itself. A certain degree of after-pain is usual in almost every

case; but a state of irritation and pain are frequently kept up by the presence of clots of blood, and the efforts for their expulsion. This state of the uterus is full of dangers; not in itself, but by masking and concealing the beginning of dangerous diseases; pain of an inflammatory kind is too apt to be neglected, under the impression that it is but the usual after-pain.

A similar remark may be made in regard to the irritation excited in the establishment of the secretion of the milk. This process is apt to be attended by pain, fever, and affection of the head, which frequently mask the beginnings of puerperal disease.

Both these sources of irritation concur to add complexity to the character, and difficulty to the diagnosis of puerperal diseases, and to constitute that peculiarity of this study to which I have already alluded.

The first of these classes of disease might perhaps be denominated parturient, whilst the second might be distinguished by the epithet puerperal; the former occurring chiefly in or near the act of parturition; the latter, usually,

some hours afterwards. There is a third class of morbid affections, which follow still more remotely upon child-bearing, and which consist, principally, in the more continued effects of intestinal disorder or of loss of blood, and issue, for the most part, in an inability to support the drain occasioned by lactation.

A fourth series of puerperal maladies, using this term in its most extended sense, arises out of undue lactation itself. They consist in the various forms and effects of exhaustion, and constitute a most important and interesting subject for renewed inquiry; for I believe them not to be at present by any means fully understood.

There is still another consideration which is full of interest, in regard to puerperal diseases,—namely, the state of health of the patient previously to her confinement. That which most frequently modifies the puerperal state, is disorder of the general health, of the various characters described in the first part of this work. It frequently occurs, from such a state of general disorder, that the recovery, after confinement, is tardy, the secretion of milk scanty, or even morbid, affecting the health of the infant, and

that there are many local affections, especially of the head or of the heart, which are full of pain and suffering.

I have now taken a rapid survey of the principal causes of puerperal diseases. It may be truly said, that many of these causes co-operate in every case; but it is also true, that each puerperal disease is to be referred to one or two of these causes more especially. Every case of puerperal affection may, therefore, be considered as a case of modified disease, requiring that the mind of the physician be active and comprehensive, so as to embrace the numerous circumstances of the disease. This is true in a degree which scarcely obtains in any other class of diseases; and it is on this account that I have represented the study of puerperal diseases as requiring peculiar habits of inquiry and investigation.

CHAPTER II.

OF THE MORBID AFFECTIONS WHICH OCCUR IN THE PARTURIENT STATE.

I HAVE adopted the term parturient, to express the condition of a person just before, just after, and during the act of parturition. It is my intention in this chapter, briefly to notice the morbid tendencies of this state, as a necessary introduction to the more detailed account of some of the morbid affections which occur in that, which may perhaps be more properly termed puerperal. The distinction between the parturient and the puerperal states will be found to be at least of great practical utility.

I have cursorily alluded, in the preceding chapter, to the principal causes of apoplexy and convulsions, as they occur in the last stage of utero-gestation, and in the act of parturition. It is my present object to enter into this important question with somewhat more detail.

The first cause which I enumerated as conducing to these affections of the brain, was uterine irritation. That this species of irritation does, indeed, dispose to disease of the brain, is sufficiently obvious from the occasional occurrence of convulsions in cases even of dysmenorrhœa or painful menstruation.

A second exciting cause of affection of the brain, probably not very different in its nature from the former, is the parturient efforts of the uterus when labour has begun. The effects of labour-pain upon the vascular system of the head is sufficiently seen in the flushed state of the countenance. And the attack, or the recurrence of convulsion, not unfrequently takes place with each uterine effort.

With the uterine efforts must, however, be conjoined those of the abdominal and other muscles, in our estimation of the influence of labour-pains upon the state of the brain.

The third cause of affection of the head in the parturient state, is stomachal or intestinal load or irritation. It appears almost unnecessary to adduce any example of the influence of these causes upon the vascular system and

nervous origins within the head. The presence of indigestible substances in the stomach, and of indurated or otherwise morbid fæcal matters in the large intestines, are amongst the most usual causes of apoplexy and convulsions in those who are predisposed to these affections, and especially in the puerperal state. The late Dr. John Clarke published an interesting and important paper *, to which I shall have occasion to revert hereafter, upon the morbid influence of oysters, taken at this period, upon the brain; and it cannot be doubted that other indigestible substances have frequently, perhaps unsuspectedly, produced the same deleterious effects. One of these effects was convulsion. And it is to be particularly remarked, that the cases published by Dr. Clarke all occurred after delivery, and of course even after some of the predisposing causes of puerperal convulsion had ceased to operate.

But a still more frequent concurrent cause of convulsion, or of apoplexy, in the parturient state, is a loaded condition of the large in-

* Transactions of the College of Physicians, vol. v. p. 109.

testines. The operation of this cause is frequently made obvious by the effects of purgative medicines and enemata, in these cases, both in the relief they effect in the symptoms of affection of the brain, and in the character of the alvine evacuations; the quantity of scybalous fæces which have thus been evacuated, in some instances, would appear incredible, were not the torpid and dilated condition of the intestine taken into the account.

Nor can there be any doubt, that the gravid uterus itself acts, by its size, and by its pressure upon the descending aorta, in inducing fulness of the vessels of the brain, in the last period of utero-gestation. It is on this principle, that delivery frequently secures the patient against the recurrence of the fit of convulsion. When the pressure of the gravid uterus falls more particularly upon the vena cava, the effect of interrupted circulation is, of course, observed in the lower extremities, chiefly under the form of œdema, but perhaps of phlegmasia dolens.

It usually happens, as I have observed already, that apoplexy or convulsion occurs in the parturient state, from the conjoined operation of

several of these causes. And it is only by an attentive consideration of all of these sources of danger, that the attack is to be prevented in the first place, and its recurrence in the second.

It is important also, with the view of prevention, to consider the probable condition of the encephalon itself immediately leading to an attack of convulsion or apoplexy. It is doubtless one either of irritation, or of fulness. Every cause of these morbid states of the brain, must, therefore, be carefully removed and avoided, whilst their effects are combated by the most vigorous remedial measures.

This is the more important, because each recurrence of convulsion is not only attended by immediate danger, but aggravates the morbid condition of the brain, and augments the tendency to the repetition of the paroxysms of convulsion. The same observation may be made of each contractile effort of the uterus and abdominal muscles, during parturition, which, like the fits of hooping-cough in other circumstances, has in some instances led to convulsion.

The state of the system which obtains im-

mediately after delivery, is, in many important circumstances, different from that which exists during pregnancy and in the act of parturition.

The emptied state of the uterus and abdomen, constitutes in itself a source of inanition; and there is usually more or less of loss of blood, and sometimes even an extreme degree of hæmorrhagy, so that the system in general must be considered to be in a state of exhaustion.

There can be no doubt, that this very exhaustion alone has, in some instances, induced convulsion. But it is probable that, in many, some of the causes of this terrible affection which have been mentioned, and especially a state of uterine, stomachal, or intestinal irritation, have concurred to produce this effect.

The more usual immediate consequences of delivery, and of uterine hæmorrhagy, is a state of syncope; this is more or less severe and alarming, according to the degree of loss of blood, and of the susceptibility to its effects, and varies from the slightest degree of faintishness to such a state of syncope as may endanger life.

Similar effects are sometimes to be attributed to the protracted sufferings of a lingering labour,

in other cases, to the violence of pain, and in others, to alarm and dreary apprehensions and anticipations on the part of the patient.

These circumstances sometimes lead to sudden death, an event which may occur immediately upon delivery. In such cases, cordials given during the last stage of labour, the recumbent position guardedly preserved, and the immediate and careful application of the abdominal bandage, may save the patient.

Perhaps the condition of the system, under the influence of some of the circumstances of parturition, cannot be better expressed than by the term 'shock'; and it may be aptly compared to a similar state under very different circumstances, and especially those of a painful operation. This state of shock seems to consist in a partially suspended power and action in the system. It may be suddenly fatal; or it may yield to re-action, which may or may not pass the boundary of health; or, lastly, after some feeble efforts, it may lead to a gradual but irretrievable sinking of the vital powers. This subject has not been sufficiently noticed in

medical writings, especially in connection with the parturient state.

One of the influences of shock still requires to be mentioned. Many causes of disorder may long remain dormant, or may be affecting the system in the most gradual manner only, until they are called into a more active operation by some kind of shock. This is particularly true in regard to intestinal irritation. This cause of disorder may long subsist in an inactive state, until, by the occurrence of some shock to the system, it is brought into but too effective operation. It is for this reason that the effects of intestinal irritation are so frequently observed in the puerperal state, and after various accidents, without which this cause of constitutional derangement might have long remained inoperative, or at least insufficient for the production of acute disease.

In the treatment of apoplexy or convulsions before delivery, and even after delivery, except in cases of profuse uterine hæmorrhagy, the principal remedy is blood-letting; the second object is the removal of all those exciting causes of the

disease, which have been mentioned; and the third is cupping of the occiput and neck.

In the case of hæmorrhagy, the remedies are still the removal of the exciting causes, and cupping.

It is not my intention, in the present work, to pursue the subject of the treatment of these affections, because it is my wish rather to confine myself to the description of some other forms of puerperal disease which have, in my opinion, been greatly overlooked. But I cannot refrain, even in this place, from pressing several points upon the attention of practitioners.

Of the absolute necessity for full blood-letting, I need not speak. But I would particularly observe, that a state of exhaustion from loss of blood generally from the system, does not protect the brain from a state of vascular fulness. This I consider to be abundantly proved in the excellent paper of Dr. Kellie, in the Medico-Chirurgical Transactions of Edinburgh, and by the fact of the occurrence of convulsions, and even of apoplexy, in this state of exhaustion. It is in this very case that cupping of the occiput is so strongly to be recommended. The brain, in

some cases of exhaustion, is relieved by the topical abstraction of a very small quantity of blood; and this relief is not only obtained by a less expenditure of blood, but is more permanent than similar relief effected by general blood-letting.

The next point upon which I would insist, is the careful removal, not of one or two, but of all sources of irritation, — of all the possible exciting causes.

A point not less important than the treatment of these affections, is their prevention. I believe no means would conduce so much to this purpose, as the invariable administration of copious warm water injections at some period before or during labour. The large intestines would thus be relieved of their load, and a great and fertile source of future disease would be removed. And this remark applies not to affections of the head only, but to many other puerperal diseases, as will be noticed in a subsequent chapter.

CHAPTER III.

OF THE MORBID AFFECTIONS WHICH OCCUR IN THE PUERPERAL STATE.

The morbid affections which occur in the puerperal, as distinguished from the parturient state, usually commence at such a period after delivery, as may have given space for re-action to take place, from the state of inanition and exhaustion which usually obtains immediately upon parturition.

It should be observed, however, that there is scarcely a disease of the puerperal state which does not occasionally show itself before delivery. In these cases, the disease usually remains stationary, or nearly so, until parturition has taken place, and then assumes its exasperated form.

In some instances, and those of the most serious kind, puerperal disease supervenes insidiously, and makes a slow, and probably an unheeded, and fatal progress.

Even of those puerperal diseases which commence by marked symptoms, the more serious are not always the most unequivocal in their mode of attack. Pure inflammation is, for example, less marked by rigor, heat, and other obvious symptoms, than the effects of intestinal irritation. This is a point which requires to be enforced upon the attention of practitioners; for, in inflammation especially, it is of the utmost importance to detect the disease in its very origin.

I have already observed that it is not my intention, in this work, to treat of the whole of those diseases which occur in the puerperal state, but to lay before my readers some observations which I have made in practice, in regard to some of them. This I shall do, by first treating of abdominal inflammation, and its varieties; secondly, of intestinal irritation in its various forms; thirdly, of the effects of loss of blood; and fourthly, of mixed cases which combine two or more of these morbid states. I shall then resume the diagnosis, and the comparative treatment of these diseases, in a separate chapter.

Subsequent experience has only confirmed the opinion which I expressed seven years ago, that the effects of intestinal irritation, and of loss of blood, constitute a great part of puerperal diseases, and a great proportion of the fatal cases; and that of those fatal cases, many are rendered so by a mistaken use of the lancet.

The effects of intestinal irritation, and of loss of blood, are, indeed, as I shall proceed to show, apt to produce symptoms of increased action resembling those of inflammatory disease, and prompting the use of evacuant remedies. This proceeding is attended by two sources of error: in the first place, the symptoms are frequently relieved in the first instance, — a state of faintishness taking place of that of re-action,— and the physician is apt to judge that the remedy had relieved, but was used in too mild a degree to subdue the disease, and is thence led to a repetition of the measure; in the second place, after the first and second moderate use of the lancet, for instance, the re-action returns in a still more violent degree than before; and it is then imagined, that the disease, though relieved, was not only not subdued, but had been suffered to

make a fearful progress; the lancet is, therefore, again used, until it may be that the powers of the system yield, and sinking takes place of re-action; or, if the last blood-letting be considerable, the scene may be closed by a sudden and unexpected dissolution. I published several sad instances of this kind in my former little work upon this subject, to which, to prevent repetition, I would refer my readers. *

I have already observed, that the effects of inflammatory action, of intestinal irritation, and of loss of blood, are alike apt to prevail in the puerperal state. It is only necessary to add, that they variously resemble each other, in different instances, so as to require the utmost attention for their diagnosis, and yet require totally different remedies for their safe treatment and cure, to give the subject all the interest of which it is susceptible.

* Cases of a Serious Morbid Affection, &c. p. 49. *et seq.*

CHAPTER IV.

OF PUERPERAL INFLAMMATION WITHIN THE ABDOMEN.

Inflammation within the abdomen, as it occurs in the puerperal state, may be divided into three kinds: that which chiefly affects the uterus and its appendages; that which appears to be general over the peritonæum; and that which is confined to a portion of this membrane.

A distinction of still greater practical importance, is that between the acute and the insidious forms of puerperal inflammation of the abdomen. Sometimes the attack is distinctly characterized from the beginning; at others it is of the most insidious character, perhaps to be referred back to a date anterior to parturition, or even apparently issuing out of mere labour-pain. These are points which require to be deeply impressed upon the mind of the young physician, in order that they may induce

in him that degree of watchfulness, in regard to these diseases, which they so imperatively demand.

Inflammation within the abdomen, of whatever kind it may be, is only to be ascertained by the presence of pain, induced or aggravated upon pressure. This is the pathognomic symptom of the disease. All the other symptoms are only accessory; and they are all, without exception, inconstant. In some insidious cases of abdominal inflammation, the tenderness even, is only discovered by a careful examination. And there is sometimes pain under pressure, when there is no inflammation. These remarks, will, I trust, lead to the most careful examination of the abdomen, and of the symptoms in general, in every case of puerperal disease.

The acute attack of puerperal inflammation within the abdomen, is frequently marked by rigor. This is frequently, in the worst cases, only slight. I cannot sufficiently enforce this fact upon the attention of my readers. Some have imagined that there could be no puerperal inflammation of the abdomen without severe rigor; and they have generally supposed, that

severe rigor necessarily supposes an attack of inflammation. I can most unequivocally attest, that both these opinions are erroneous, and contradicted by facts.

I would make precisely the same observations in regard to great heat of surface, or fever. I have known many instances of acute puerperal inflammation within the abdomen, unattended by heat of skin, and many cases resembling inflammation, but not in reality inflammatory, in which the heat of surface was extreme.

Frequency of the pulse is not a less uncertain indication of inflammation. I am enabled to say, from careful observation, that the pulse is but little accelerated in many cases of puerperal inflammation within the abdomen, whilst it is excessively and even alarmingly frequent in some cases in which inflammation does not exist.

In regard to pain and affection of the head, they are by no means essential attendants upon puerperal inflammation of the abdomen, in its first stages; but, on the contrary, appear to me to denote another and different kind of morbid affection, to be described hereafter, which may

exist alone, or as a complication of inflammation.

Pure puerperal inflammation of the peritonæum is to be ascertained by an attentive examination of the abdomen. There is either pain increased upon pressure, or tenderness discovered upon pressure; and this is either general over the abdomen, or confined to the hypogastric region, or, lastly, in cases of partial peritonitis, to some other part of the abdomen. With the pain or tenderness there is frequently either general tumidity of the abdomen, or a local hardness; in the latter case it is frequently such as to denote an enlarged and inflamed condition of the uterus, but it occasionally arises from an affection of the ovarium, or from partial inflammation and suppuration of the peritonæum.

There are sometimes, and only sometimes, sickness and vomiting; there are also, in some instances, a suppression of the lochial discharge, and a flaccid state of the mammæ. But I do not think the precise cases, in which these effects do or do not occur, have been distinctly ascertained by the observation of a sufficient number of facts.

In pure puerperal inflammation of the abdomen, there is not necessarily much rigor, heat of skin, load of the tongue, affection of the head, or great frequency of the pulse; there is, on the contrary, in many instances, only a slight degree, or even an entire absence of rigor, little or no heat of surface, or whiteness of the tongue, little frequency of the pulse, and no affection of the head. But the countenance, manner, and respiration, usually become highly characteristic.

I long ago* observed, that inflammation within the abdomen was attended and denoted by a *peculiar* expression of the countenance. And I find the remark confirmed and stated in still more emphatic language by the celebrated and lamented M. Laënnec.† Puerperal inflammation within the abdomen is marked by an expression of extreme pain and anxiety in the countenance; the brow is contracted, and the upper lip is drawn upwards in a peculiar and characteristic

* See the Treatise on Diagnosis, passim.

† Traité de l'Auscultation Médiate, (Ed. 2de.) t. x. p. 615. Journal de Médecine, t. iv. p. 50.

manner, and bound round the teeth or rather gums. These appearances are increased on pressing upon the abdomen, or they are observed at that moment, if they had not been manifest before. The countenance is generally pale, and rather sunk, but with partial heats.

The manner of the patient is much changed, and has become expressive of suffering and anxiety. The movements of the body are attended by pain, and are, therefore, suppressed; or if performed at all, it is with an expression of suffering in the countenance and of caution in the manner; and there is an appearance as if the body had become heavy and helpless.

The respiration becomes rather hurried and anxious, and it is performed principally by movements of the thorax, those of the diaphragm and abdomen being more or less, sometimes completely, suppressed;—a circumstance which gives great peculiarity to the appearance of the breathing. Sometimes there is considerable heaving of the chest, with some hurry, some noise from the ingress and egress of the air, and sometimes with a sort of blowing; this state of the respiration is attended by the utmost danger,

being frequently one of the first symptoms of the sinking state, of which I shall have to speak immediately, and to which I wish earnestly to call the attention of my readers.

The general surface is generally a little increased in its temperature, and there is frequently perspiration.

The pulse is at first only moderately frequent, but gradually becomes more so, and it is often small and apparently feeble.

I have already alluded to the occasional occurrence of sickness and vomiting. The abdomen is frequently tense and tumid, as well as tender under pressure; this is an affection to be anxiously watched; it sometimes increases to a state of complete tympanites. The state of the bowels is very various; there is by no means always constipation; sometimes there is diarrhœa, with or without the discharge of mucous stools.

Instead of general tumidity of the abdomen, there is frequently a distinct tumor with tenderness in the region of the uterus, in the iliac region, or in some other region of the abdomen, leading to the suspicion of an especial affection

of the uterus or ovarium, or of a partial inflammation and suppuration of the peritonæum.

I propose to ascertain, hereafter, the state of the lochia, and of the mammæ, in cases of pure and unequivocal inflammation in the abdomen in the puerperal state. I do not think these points have been determined in an explicit manner, because I believe that several other affections, of a different nature, have been confounded with inflammation, and that the symptoms and effects of these different diseases have been blended and confounded together, both in practice, and in medical writings upon this subject.

I have thus described the most usual form of puerperal inflammation of the abdomen in its commencement. I do not think it either possible or profitable to divide the disease into distinct stages. But it is quite incumbent upon the practitioner to trace the usual changes which are observed in this disease: these are, first, a gradual amendment,—secondly, a gradual exasperation of the disease,—and thirdly, the supervention of the state of 'sinking'.

Little can or need be said upon the two first of these changes. Every appearance of a return

to a healthy state of the functions and general appearances of the patient, will raise our hopes; but there are no points of so much importance to be watched, as the expression and condition of the countenance, the manner, and the state of the abdomen. No apparent amendment is to be at all depended upon, unless it has continued and been progressive for four and twenty hours; this is a caution of great importance to the young physician, in guiding him in his expressions in regard to the prognosis. And even in the most favourable cases, the further progress towards recovery is to be watched with the utmost care and precaution.

In the less favourable cases, the countenance becomes more and more altered, the pulse more and more frequent, the abdomen more tender and tumid; the manner and muscular powers of the patient appear overwhelmed; the respiration becomes more heaving, and, as I have usually termed it, "blowing," being somewhat audible, a condition of the breathing always attended by the utmost danger. At this period, too, there is often some degree of delirium, alternating perhaps with slight dosing, and there are, generally,

restlessness and jactitation, and the patient cannot bear the arms to be covered.

At this period, too, the tongue is frequently loaded and more foul, and sometimes dry; the bowels are variable, frequently flatulent and loose. The mammæ are flaccid, the lochia suppressed; the skin is clammy and wet, if not cold, the hands and wrists are often livid, and the feet cold.

This description of symptoms applies to the case of general inflammation of the peritonæum. The more partial cases of peritonitis continue longer, and affect the constitution less, and less rapidly. In some instances the integuments over the seat of inflammation have become tumid, and inflamed, and an issue has at length been effected for the subjacent pus, the abscess has afterwards collapsed and healed, and the patient has slowly but finally recovered. This opening frequently takes place about half way between the umbilicus and spinous process of the ilium. In other instances, the matter has been evacuated by the rectum, and in some rare examples, by the bladder. In other cases the abscess has not been evacuated during life; but the pa-

tient has gradually emaciated, and the health and strength have failed; there have been great frequency of the pulse and hectic, and the disease has at length, though perhaps very slowly, proved fatal. It has, however, occasionally happened that the effused fluid has been re-absorbed and the fatal event averted.

But the acute form of puerperal peritonitis sometimes issues in a state of sudden sinking of the vital powers. The change and symptoms are such as have frequently led to the suspicion of gangrene having taken place. But no such appearance is observed on examination after death.

This state of sinking is usually rather abrupt in its manifestation. The patient may be left, not without hope, the preceding night, but on being visited on the ensuing morning is found to have passed into a state of hopeless sinking. The pain has ceased, but the tumidity of the abdomen is augmented; the brain is in a state of low stupor, the breathing is attended by heaving and blowing, the skin of the arms and hands is cold, clammy, and livid—the livid colour only partially disappearing on pressure; the pulse

is thready and excessively frequent, the countenance is altered and sunk, the patient may be roused, but is then, perhaps, unconscious of pain, and expresses herself as being relieved; the hands are kept out of bed; sometimes there is cough, and the feet are livid and cold.

The morbid appearances usually induced in cases of inflammation of the uterus and of the peritonæum are well known.

In inflammation of the uterus, there are, in different instances, exudations of serum, of coagulable lymph, and of pus from its surface; its substance is sometimes enlarged, softened, infiltrated with pus, or the seat of distinct abscesses; and its internal surface is frequently morbidly red, and the source of various discharges. The appendages of the uterus are frequently the seat of similar morbid appearances.

The peritonæum, when inflamed, pours out serum, coagulable lymph, or pus; and its different surfaces are apt to be variously glued together. Frequently the intestinal canal is found distended to the utmost, as before death, by fœtid gases.

In some instances pus is effused and deposited in various parts of the peritonæum, being confined by the adhesion of contiguous portions of this membrane.

There is no part of the peritonæum, and no viscus in the abdomen, which may not become the seat of puerperal inflammation, and of the consequent changes of structure. The parts most frequently affected by puerperal inflammation, however, are the organs contained within the pelvis, — the uterus, its appendages, the rectum, the bladder, and the peritoneal lining of the pelvis; and then the peritonæum in general. In an interesting case, published by Dr. Ley, the spleen was found to be a principal seat of disease. *

I have been brief in my account of the morbid appearances in puerperal inflammation within the abdomen, because I had nothing novel to offer upon this point. I have long wished and still hope to possess more ample opportunity of comparing the symptoms with the morbid anatomy, in this interesting class of diseases.

* Transactions of the College of Physicians, vol. v. p. 304.

I now proceed to state the treatment of puerperal inflammation.

And I would observe, in the first place, that nothing can be trusted to, to save the patient, but the most ample blood-letting, and, in the second place, that nothing should preclude the use of this remedy but the actual existence of the state of sinking. In regard to the measure, and the repetition of the blood-letting, many points must be taken into consideration. The earlier, and the more fully, this remedy is employed, the more efficacious and the safer it is, and the safer is its full repetition.

There is one point which I would particularly impress upon my reader. It is, that the blood-letting should, in this disease, ever be performed, the patient being in the erect position; and it may then, in general, be safely carried to deliquium. I do not recommend this mode of proceeding with the view of producing deliquium merely; but also, that this deliquium may serve us as a guide, in judging of the extent to which we may carry the depletion. If the patient be sitting upright, and faint by the loss of blood, we have a security and remedy against any danger

from this event, in laying the patient low. But if deliquium be induced by bleeding the patient in the recumbent position, I cannot say that I think it will always be without danger. I think the plan which I have proposed at once far more safe, as well as far more efficacious in subduing this disease. If it were requisite, the patient's head might be laid even lower than the rest of her body.

The same rule may apply for the repetition of the blood-letting. If the fullest effect is desired which the patient can safely bear, let her be bled to syncope in the erect posture. She will faint from losing a larger, or a smaller, quantity of blood, precisely in the inverse proportion of the previous exhaustion; the state of syncope will not only warn us to desist from drawing more blood, but will arrest the flow of blood itself, just at the point when the patient can bear to lose no more.

This is a most important criterion for the employment of a most powerful remedy. I do not by any means wish it to be understood, that it is always safe to bleed to deliquium in the erect posture; but that, when it is determined to

bleed, it is important to have the boundary, which it would be unsafe to pass, at least clearly defined. Sometimes the patient will faint on being merely placed upright; is it then, ever, and in what particular cases, safe to bleed?

The next question is in regard to topical blood-letting. And I think there is one important rule for the adoption of this remedy. It may, of course, be enjoined to be done immediately after general blood-letting. But it is particularly useful in those cases, in which the system is obviously subdued by the general blood-letting, and yet the inflamed part remains tender under pressure. In such cases, leeches, or still better, cupping, if it be properly and tenderly performed, will prove a most useful remedy.

It is quite unnecessary to state the utility, or rather the necessity, for the administration of purgative medicines in this disease. There is good reason to suppose that some cases have been subdued even by this remedy alone. And the efficacy of purging in conjunction with blood-letting is quite undoubted. A constant catharsis should be kept up, indeed, until the disease is completely subdued.

In cases in which there is great tympanitic distension of the abdomen, an injection of warm water sometimes succeeds in inducing evacuations of flatus, which greatly relieve. I have sometimes thought, that still more effectual relief, of the same kind, might be obtained, by the introduction of a flexible tube, properly pierced, high into the large intestine.

Much and important relief may also be afforded in some cases, in which suppuration has taken place, by giving exit to the pus, when it plainly fluctuates and approaches the surface.

Blisters also are of great service in those cases of this disease, which are not attended by much heat or irritability. But in other cases they have appeared to me to add to the patient's sufferings, to prevent sleep, and to do harm by leading to a state of exhaustion.

There are still three other powerful remedies, of which I wish to make a cursory mention in this place.

The first is the plan of emetics, which is well known to have been so successful in the hands of M. Doulcet of Paris.

The second is the spiritus terebinthinæ, recommended by Dr. Brenan, of Dublin.

And the third is the attempt to induce a state of ptyalism, by mercurial medicines and inunctions.

Of emetics, but especially of the spiritus terebinthinæ, I would observe that, like purgative medicines, they have doubtless been used successfully in many cases; but I much suspect that many of these cases were not inflammation, but intestinal irritation.

As it is not my object, in this work, to give a systematic account of what has been written by others, but only the result of my own observations, I beg to refer the reader to the different publications upon puerperal diseases, in regard to the two first of these subjects. Of ptyalism, I would merely observe, that it deserves a trial; it is one of those measures which are most powerful, and yet, generally, unattended with risk, and it would by no means preclude the adoption of every other more prompt and efficient mode of treatment. If adopted early, it might prevent some of those protracted states

of the disease, which occasionally occur and wear out the patient.

I need scarcely observe, that during the existence of inflammation, the patient should be allowed absolutely nothing but tea or gruel in the smallest quantities.

In some cases in which the pain is not severe, but the tension of the abdomen great, continued but extremely light frictions of the abdomen have done great good. They may be followed by the application of a cold lotion, and by fomentation of the feet.

In cases of pure inflammation, I do not think the use of opium desirable. The pain must be subdued by blood-letting; and every thing that, by masking the pain, can divert our minds from the use of this remedy, involves danger to the patient. And there are seldom those symptoms of constitutional irritation which require the use of opium, until the inflammation has subsided. In mixed cases, I think the use of opium, especially after blood-letting, may be both necessary to subdue constitutional irritation, and beneficial in the cure of the disease.

CHAPTER V.

OF THE EFFECTS OF STOMACHAL AND INTESTINAL IRRITATION.

I HAVE already called the attention of the profession to the influence of stomachal and intestinal irritation, in inducing, under certain circumstances, a peculiar morbid affection, and especially a peculiar puerperal disease.* It is my intention, in the present chapter, to embody my former observations, with my subsequent experience, upon this important subject, in its relation to the puerperal state.

Some of the effects of intestinal irritation may be observed before parturition. But it is far more usual to find them developed afterwards. They generally take place rather suddenly, about forty or fifty hours after delivery; but the puerperal state appears so to dispose to this affection, that the presence of any cause, of stomachal or intestinal irritation, cannot always

* See Cases of a Serious Morbid Affection, &c.

be borne with impunity for many days even, after delivery.

This affection may, for the facility of description, be divided into the acute and the insidious: each of these forms manifests itself with general symptoms only, or with some predominant local affection.

The acute form of intestinal irritation is generally ushered in by a violent rigor. This is an important fact; for rigor has been considered as denoting puerperal inflammation, and essential to the latter disease. Neither of these suppositions is true: for puerperal fever may occur, in a severe and fatal form, without rigor; and the severest rigor may only portend an attack of the effects of intestinal irritation; and in general, the latter disease is attended even with a severer rigor than the former.

In the attack of intestinal irritation, there is usually, after the rigor, great heat of the surface. I have already observed, that this is by no means an essential part of puerperal inflammation; indeed, I do not think that it properly belongs to the latter disease, but that, when it does occur with inflammation, it denotes a

mixed case, and the co-existence of intestinal irritation.

In the attack of the effects of intestinal irritation, there is usually earlier and even greater frequency of the pulse, than in cases of puerperal inflammation; the pulse is also usually fuller than in the latter disease.

Intestinal irritation induces symptoms which are similar to those of the most acute phrenitis, or to those of the most acute peritonitis. This is a remark of the utmost practical importance; for the remedies in these different cases are totally different; and I should say, that in the former, the freest blood-letting must be aided by purgative medicines, whilst, in the latter, the freest and fullest evacuation of the intestines must be aided by blood-letting. A mistake, in either case, would, in my opinion, endanger the life of the patient; and it is a foolish and idle remark to say, that it is better to mistake irritation for inflammation, than inflammation for irritation. It is of the utmost importance to attend to the distinctions which I have made between inflammation and intestinal irritation, in regard to the treatment;

for, although both blood-letting and purging are to be used in every case, yet the former is *the* remedy in inflammation, and the latter in intestinal irritation. If the cure of inflammation be trusted, even chiefly, to purgative medicines, I think it will frequently proceed to the destruction of the patient; and if blood-letting should be chiefly employed, in like manner, in intestinal irritation, I believe it would leave the disease unsubdued, and eventually plunge the patient into a state of irremediable exhaustion.

The affection of the head and of the abdomen frequently co-exist, or alternate, in the same case; but sometimes one of them exists to the exclusion of the other, or supervenes upon the cessation of the other; and in the latter case the affection of the head usually succeeds that of the abdomen. The diagnosis is much confirmed by this conjunction of the two affections.

In the affection of the head from intestinal irritation, there is frequently the severest pain, and the utmost intolerance of noise, light, and disturbance of every kind. It is in these cases, principally, that the pavement is covered with straw, the knocker tied, the patient's room kept

dark and still, so that these very external circumstances speak a significant language to the physician.* To the symptoms which have been enumerated, are frequently added wakefulness and even delirium.

When the abdomen is affected from intestinal irritation, there is general pain, tenderness upon pressure, and frequently tumidity, combined with the general symptoms which I have already enumerated.

Much is effected and learnt in this case by the exhibition of large injections of warm water, and of active purgative medicines, a careful examination of the evacuations, and a studious observation of the [effects produced upon the disease. The fæces will be found to be scybalous, or, at least, offensive and dark-coloured, and in large quantity. And the relief obtained, or the return of pain, will be found to depend upon the evacuated, or neglected, state of the bowels.

Another point of great importance is an attentive inquiry into the diet of the patient; this

* The other cases in which these things are also observed, are phrenitis, the effects of loss of blood, and disease of the heart.

inquiry frequently reveals the mystery of an attack, and, of course, immediately leads to the adoption of an important remedy.

In regard to the course of cases of intestinal irritation, I imagine that, under judicious treatment, this would always be one of progressive recovery. When a contrary event occurs, I think it is to be attributed to the misuse of remedies, — and especially of blood-letting. In this manner some of the symptoms which are detailed in the succeeding chapter are superinduced, — and sometimes a sudden dissolution has overwhelmed the practitioner with consternation.

I have already noticed that one of the characteristics of intestinal irritation, is the susceptibility to syncope upon blood-letting. This is of course much more remarkable upon a second or third blood-letting, than upon a first use of the lancet. I have now to add, that no dependence can be placed upon the appearance of the blood drawn. This may be much buffed and cupped, in the puerperal state, without the existence of inflammation, and in cases of the most decided in-

flammation, these appearances of the blood may be but little observed.

I have scarcely had an opportunity of examining the state of the internal organs after death; for in general the patients affected by intestinal irritation have recovered. But I have no doubt that such an examination would illustrate the following important remark of the late Dr. Denman; — "We have been told, that in the dissection of some who are said to have died of puerperal fever, no appearances of inflammation have been discovered; but I should suspect that, in such cases, some important appearances had been overlooked, or that errors had been committed as to the nature of the disease, and probably in its treatment."

A due consideration of the effects of intestinal irritation will also serve to elucidate other cases of morbid affection, in which the appearances of inflammation were looked for on dissection, but were not found. This observation applies particularly to affections of the head, heart, and abdomen.

In several cases of this morbid affection, which I had the opportunity of examining many years

ago, no morbid appearances were found on the most careful inspection.

I have already sufficiently alluded to the causes of this affection. They are, for the most part, obvious sources of gastric or of intestinal irritation; the former chiefly affecting the head, the latter, both the head and the abdomen, either together or separately. This subject, as well as the symptoms and character of this morbid affection, will be aptly exemplified by the following cases.

Mrs. ——, aged 35, continued well for several days after delivery, until she partook of some ham; she soon began to complain of pain of the head, and vertigo; on going to bed the pain and vertigo increased, and she became affected with rambling and starting, with great intolerance of light, so that she complained bitterly on a candle being brought into the room, and with equal intolerance of noise and disturbance. The pain of the head occupied the occiput principally; there was also pain in the region of the stomach, and general soreness over the abdomen.

The intelligent surgeon who attended this patient prescribed a purgative enema, followed by

a pill consisting of five grains of calomel and one of opium, and an active purgative mixture,—and directed the feet to be fomented. The following morning every symptom had disappeared. The patient reported that the action of the purgative and the fomentation had promptly relieved her. She added an expression of surprise at having obtained such immediate relief, having on a former occasion experienced a similar attack and been bled to no purpose, as she had continued to suffer for many days.

The following case, which I extract from the interesting paper of Dr. John Clarke *, to which I have already referred, p. 163., is still more extraordinary.

" Mrs. T. came to London expressly for the purpose of lying-in. She was a healthy woman, the mother of several children, and had always passed through the period of her confinement without any unfavourable complaints.

" For the purpose of her confinement, she resided in a furnished house, where two streets crossed each other, and there was a mews at the

* Transactions of the College of Physicians, vol. v. pp. 125, 126.

back of the house. Here she lived for three weeks before her labour. She had a very natural delivery, and slept well afterwards. By the end of 10 or 12 days, she was well, and free from any disorder.

"In the course of one night she was seized with a severe pain in her head, attended with considerable impatience of light. These symptoms became more violent towards the morning, so as to excite great alarm in her husband, who immediately came to the writer. On learning that she had been perfectly well on the preceding day, he asked if she could attribute the pain to any cause. She replied that she knew of none, unless that, from the situation of the house, she heard every carriage which passed the streets, and every carriage which entered or left the mews. But as she had been in the house five weeks without having found any inconvenience from it before, this did not appear a probable way of accounting for it. *

"Every inquiry respecting her diet was made,

* It is plain that this circumstance was the effect, and not a cause, of the disease, and consisted in intolerance of sound so common in these cases. M. H.

and it appeared that she had eaten nothing but the most simple food. The writer, upon receiving this information, observed, that he was glad that she had eaten no oysters. To this observation she replied, that she had, two days preceding the attack, eaten oyster-sauce to some boiled chicken, but that she could not comprehend how that should produce such a violent pain in the head; and she appeared anxious to know, whence the satisfactory conclusion was drawn from her having before said, that she had eaten nothing but simple food, having forgotten the oysters, of which she had swallowed about a dozen. An answer to her inquiry on this head was avoided."

I would earnestly recommend the whole of this essay to the reader's attentive perusal. It is quite obvious that the symptoms which are detailed in it, as resulting from partaking of oysters in the puerperal state, may originate from any other equivalent source of irritation of the stomach.

The following cases appear to have arisen out of the state of the lower portion of the alimentary canal.

Mrs. ——, a healthy young person, was confined on January the 20th, 1820. On the preceding day she had experienced inefficient wearying pain. On the morning of her confinement the pains were strong, but the os uteri was found to be rigid; she was therefore bled to eighteen ounces, and her labour was soon afterwards completed.

Mrs. —— continued well until the succeeding morning, when she was affected with severe shivering, which was repeated three times, occupying about the space of three hours. The rigors were succeeded by great heat of the skin, and by great sickness, retching, and vomiting. An enema and purgative medicine were administered; much hardened fœces were expelled, together with a fluid having the appearance of yolk of egg; and much relief was experienced. In the evening, and during the night, however, there was great heat of surface; there were much restlessness and constant changes of posture, and throwing the arms about and out of bed; the sleep was disturbed by startings and slight delirium; there were head-ach, confused vision, and much humming noise; and there was

great faintishness on any attempt to assume the erect posture. She was directed to take the effervescing mixture.

On the morning of the 22d the sickness returned; the purgative medicine had acted; there was considerable uterine discharge. A draught was given with thirty-five drops of the tinctura opii.

I saw the patient about one o'clock: the pulse was then 144; there were head-ach, intolerance of light, dimness and imperfection of the vision, and great humming noise in the ears; there was some beating of the carotids visible externally; there were restlessness, changes of posture, throwing of the arms out of bed, faintishness if raised to the erect position, a feeling of want of air, and relief on smelling vinegar. A draught with thirty-five drops of the tinctura opii and a dram of the spiritus ammoniæ aromaticus, was ordered to be taken immediately, and to be repeated in three hours; a lotion, consisting of a dram of sulphas zinci and a pint of water, was directed to be applied to the pubes, and within the vagina. An aperient draught was prescribed, but not given.

In the evening the pulse was 130; there had been comfortable, refreshing, and undisturbed sleep; all the symptoms were abated; the bowels had been purged; the uterine discharge was diminished. A draught with ten drops of the tinctura opii and half a dram of the spiritus ammoniæ aromaticus, was prescribed to be taken every five hours; the effervescing medicine was continued; the face and hands are directed to be washed with a lotion when hotter than natural.

Early on the morning of the 23d, there was an attack of troublesome coughing. At ten o'clock the symptoms were nearly as on the preceding evening; at night they were still further mitigated,—the pulse being 120, the bowels open, the uterine discharge more scanty.

On the succeeding day, Mrs. —— complained most of general stiffness and aching of the limbs, and the pulse was 125. The opening medicine was given, the opiate draughts were again prescribed, and the lotion was omitted. In the evening Mrs. —— was relieved, and the pulse was 120.

On the next day there was little complaint;

the pulse was 108, the bowels open, and the lacteal discharge natural. All these symptoms at length subsided; but soon after this time, the vein which had been pierced in the arm began to inflame, and this new but terrible disease, proceeded, in spite of every remedy, and destroyed the patient.

In Mrs. ——, aged 34, labour began on the 20th of November, but proceeded so slowly, that the os uteri was not fully dilated until the morning of the 24th, at which time it was thought proper, from the inefficiency of the pain, and the exhausted state of the patient, to deliver by means of the forceps.

There had been, from the obstinacy of the patient in regard to the treatment, no alvine evacuation during the long period of the labour; on the morning of the 25th there was a costive motion. In the evening a dose of calomel was administered, and an aperient draught was prescribed.

On the morning of the 27th Mrs. —— was extremely ill. The aperient draught had been neglected. The patient complained of head-ach and of want of sleep; there were a vacant

stare, quickness in the speech, an appearance of hurry and alarm in the countenance, and tremor of the muscles of the face; there were much heat of surface, and profuse perspiration; the pulse was 120, and tolerably strong; she begged that the windows might be opened, complaining of want of air; there was much pain in the iliac region, with some tenderness under pressure; and she complained of pain of the loins. She had taken tea principally.

Under these circumstances, thirty drops of the tinctura opii were administered, and followed by four grains of calomel, and a purgative mixture.

In the evening Mrs. —— expressed herself as feeling better; but the purgative had not operated. An enema was ordered to be administered immediately.

On the morning of the 28th, the enema was found to have induced most copious offensive evacuations, and Mrs. —— was relieved in every respect.

On the succeeding day, Mrs. —— complained of want of sleep, and there was an appearance

of restlessness. An opiate and a repetition of the purgative were ordered.

From this period the recovery was progressive and unvaried.

Some years after the occurrence of this attack, Mrs. —— was taken with somewhat similar symptoms, after a confinement; the abdomen was much tumid and swollen; and there was the utmost anxiety of the countenance and in the mind. She was bled fully; and in the later period of the disease, the spiritus terebinthinæ was fully tried. But the patient sank in spite of every effort to save her. The abdomen was examined, but there were none of the morbid appearances consequent upon inflammation.

In such cases I am persuaded that blood-letting must not be lavishly repeated. But the bowels should be promptly and fully evacuated, and the patient soothed, and her strength supported by the mildest measures, not neglecting one full blood-letting, if necessary, or at the most two.

Mrs. ——, aged 36, was visited on January the 13th, two days after her delivery of her

third child. On inquiry, it was found that she had suffered from severe attacks of pain with diarrhœa, during the last five weeks of her pregnancy. Her labour had been natural, but followed by severe after-pain. She was now affected with excruciating pain, great tenderness, and general tumidity of the abdomen; the pulse was 150 and small; there were great general irritation and exhaustion. An enema was directed to be given, containing two drams of the tinctura opii, and a liniment to be rubbed over the abdomen, and the patient was visited again in three hours. The pain was relieved and the pulse was somewhat less frequent. Four grains of calomel, and one of extractum opii, a purgative mixture, and a large domestic enema, were now directed to be administered without delay.

By these remedies copious evacuations of hardened fæces were produced. The patient remained nearly as on the preceding day. The same remedies were directed to be repeated.

On the morning of the 15th, it was found that more scybalous fæces had been voided; there were still great pain and tenderness of the

abdomen. During this day an attack of vomiting came on, and left the patient much exhausted, the pulse becoming still more frequent. Half a grain of opium was directed to be given every five hours, and the effervescent mixture in the intervals.

These measures procured the desired relief, and Mrs. —— continued to improve during several days. But on the morning of the 19th she was taken much worse, and on being visited was found in a state of great lowness and restlessness, the pulse not admitting of being counted, the hands and feet being cold, clammy, and livid, and the countenance ghastly. Opiates, gentle stimulants, nourishment, and every means for restoring warmth were recommended.

In the evening, Mrs. —— was somewhat revived. An enema was prescribed. On the morning of the 20th there was more warmth, and the pulse was more perceptible. The enema had brought away more scybalæ. During several days the mouth and throat had become covered with aphthæ. Half a grain of opium was directed to be given occasionally.

The alvine evacuations became natural about the 24th; on this day there was attack of diarrhœa, with motions of a natural colour; it was suppressed by opium. A pain in the right iliac region still remained. It was gradually diminished by the use of a liniment, the opiate and aperient remedies being continued. From this period Mrs. —— recovered slowly, but progressively and favourably.

I believe this patient would inevitably have sunk, had the lancet been employed. And it is quite obvious, that such symptoms would not have so yielded, had they arisen from inflammation.

The last case which I shall detail in this place was fatal. The thorax and abdomen were carefully examined, but found free from the morbid appearances left by inflammation.

Mrs. ——, aged 35. For six weeks previously to delivery she had been affected with uterine hæmorrhagy varying much in degree. The bowels were in a constipated state. About seven o'clock in the morning of the 16th of September, 1819, she was affected with slight labour pains, and with increased flooding. At ten

o'clock an accoucheur was called to the assistance of the midwife; the countenance was extremely pale, and the pulse frequent and feeble. Sixty drops of the tinctura opii were given in a little port wine, and repeated twice in brandy and water, but they were always rejected by vomiting; this medicine was at length retained on the stomach on being given in water. When the patient was a little recovered, an examination was made per vaginam; the os uteri was somewhat dilated, the os externum more rigid than usual in such cases, the vagina plugged with coagulated blood — the flooding having much decreased. The hand was cautiously introduced into the uterus; the placenta was situated over the os uteri, and was separated in about one half of its area; delivery was effected with less difficulty than was anticipated; the contractions of the uterus had been and were still inconsiderable. After delivery she expressed herself as feeling comfortable, and better than she could have expected.

The patient continued well until the evening of the succeeding day, the 17th, when she was seized with shivering, which was followed by

great heat of skin, with a very frequent pulse. A purgative of calomel, followed by a draught with rhubarb and sulphat of potassa, was administered.

In the morning of the 18th, Mrs. —— was apparently much relieved. But in the evening an urgent message and call were received. She appeared alarmingly ill, the pulse was 148; there was much violent beating in the head, of the carotids, and of the heart; she required fresh air, and the smelling bottle; and she was much relieved by bathing the temples with vinegar and water; there were general pain of the abdomen, and some tension and flatulency. Six grains of calomel were prescribed, and half an ounce of the oleum terebinthinæ was ordered to be repeated every hour and a half until it should operate.

On the morning of the 19th it was reported that the calomel and one dose of the oleum terebinthinæ had been taken, and had been followed by sleep; the pain and tension of the abdomen were less; the bowels had been moved several times; the pulse was 130. Another dose of the oleum terebinthinæ was directed to be taken.

A few hours afterwards the patient complained of being much exhausted by the purgative operation of the medicine. The effervescing medicine was ordered and appeared to give much relief.

On the 20th the relief still continued. The pulse was about 130; the beating of the carotids less; and the abdomen was free from pain and flatulency.

On the 21st Mrs. —— remained much the same; but the pulse was 140; she had taken light nourishment; there had been six alvine evacuations.

On the 22d the symptoms were aggravated, and Mrs. —— expired in the afternoon.

During the course of this case, there were repeated shiverings, generally after intervals of twelve hours. These were followed by much heat of skin. At different times there was slight delirium, and generally unusual quickness in the manner and in speaking. There was great wakefulness, or if the patient did fall asleep, it was for a moment or two only, and she awoke alarmed and agitated. Besides the symptoms noticed on the evening of the 18th, there was

also a degree of panting and of deep breathing, somewhat resembling that of a person recovering himself after being out of breath.

An examination of the thorax and abdomen was permitted. All the viscera were found in the most healthy state. There was a little serous effūsion into the general cavity of the abdomen.

In the treatment of the effects of intestinal irritation, I would by no means exclude the use of the lancet. Blood-letting may be useful in such a case, for the same reason that it is useful in simple fever. But I would repeat, that this remedy is only subsidiary to the full and free evacuation of the bowels, and, if necessary, of the stomach. If it were trusted to alone, or with only a moderate attention to the state of the alimentary canal, or if it were used in the manner which is required to be efficient in puerperal inflammation, I am persuaded that the patient would die of exhaustion, before the symptoms would yield.

The remedies of intestinal irritation and its effects, I would enumerate and arrange in the following order: first, the full evacuation of the

intestinal canal; secondly, blood-letting; thirdly, some kindly anodyne; fourthly, leeches, cupping, a lotion, a liniment, or a blister, according to the circumstances of the case, for the topical affection; fifthly, the mildest, nutritious food; sixthly, the most absolute quiet, and the most perfect security from light, noise, disturbance, and every other source of excitation; seventhly, every soothing plan; eighthly, great coolness, and free ventilation of the sick-room; and, lastly, a constant watching over the patient during sleep, to avoid the injurious effects of turbulent dreams on one hand, and of too long sleep and fasting on the other. Upon each of these points I proceed to make such observations as I have learnt, from practice, to be of importance.

In regard to the state of the alimentary canal, it is quite obvious that an emetic is the proper remedy when the symptoms can be attributed to any indigestible substance taken. And I would recommend this remedy, even although it might appear, from the lapse of time, unlikely that the injurious substance should still remain in the stomach.

When the case originates from intestinal irritation, I would earnestly recommend that the first remedy should be an enema, consisting of three or four pints of warm water, very slowly and gently forced into the bowels. This should be followed by an active purge. And this should, in due time, be followed by a repetition of the injection. I need scarcely observe, that the evacuations should be immediately carefully examined, and the effects upon the symptoms of the disease be watched.

To abate the general heat and excitement of the system, to relieve the head or the abdomen, and to ensure perfect safety, the patient should, in cases in which the strength is not particularly impaired, be raised into the erect posture, and be blooded until faintishness be induced. This effect also should be carefully watched and observed. If it occur from the loss of a small quantity of blood, it confirms the diagnosis; if it do not occur until much blood have flowed, it should suggest the suspicion of more than mere intestinal irritation,—of one of those mixed cases which so frequently occur, and of which I propose to treat in a subsequent chapter.

I do not imagine that this decided use of the lancet can ever be attended with danger, if there have been no previous loss of blood, or other cause of exhaustion. But it could not be repeated with impunity. It would lead to exhaustion with the symptoms of re-action, to the state of sinking, or even to sudden dissolution. And if the case be really one of intestinal irritation, and the other remedies have been duly applied, such repetition of blood-letting will not be required.

It is an observation of great importance, that, in inflammation, repeated blood-letting is required, and is borne with safety; in intestinal irritation, on the contrary, the repetition of blood-letting is neither necessary nor safe.

This free evacuation of the bowels, and detraction of blood, are very apt to be followed by symptoms of hurry and alarm in the system. These effects are frequently prevented by the timely administration of an efficient and kindly anodyne; and I believe no anodyne is possessed of these qualities in a higher degree than the liquor opii sedativus of Battley. Of this excellent

medicine a full dose may be given, and, if necessary, repeated in five or six hours.

If this plan do not perfectly relieve the topical affection, some local remedy must be applied. In cases of cerebral affection, leeches may be applied to the temples, or cupping, or a blister, to the nape of the neck, a cold lotion over the whole head, and fomentation to the feet. Leeches, a fomentation, a liniment, or a blister may be applied, if there be affection of the abdomen.

Before the patient falls asleep, I would recommend some mild food to be taken, as gruel, or panada. This plan prevents exhaustion, and frequently relieves the local symptoms, in securing a more refreshing kind of sleep.

For the same reason the utmost quiet must be preserved in the patient's room. Every species of disturbance greatly agitates the patient, and prevents the good effects of the remedies which have been employed.

I have enumerated, p. 217., some other circumstances which claim our attention in the treatment of this morbid affection; but, in order to prevent repetition, I postpone the remarks which

I have to make upon these points, to the next chapter, — upon the effects of loss of blood; in which case an attention to them is, if possible, still more necessary than in that under our immediate consideration.

CHAPTER VI.

OF THE EFFECTS OF LOSS OF BLOOD, IN THE PUERPERAL STATE.

The effects of loss of blood, in the puerperal state, are either immediate or remote. I have already briefly noticed the former at p. 166., but the latter are those which will principally occupy us in the present chapter. In order to avoid repetition, I must beg to refer to an Essay upon the Loss of Blood, published in the Medico-Chirurgical Transactions*, and republished in a little volume intitled, 'Medical Essays.' It is my object, in this place, to confine myself to the statement of the remoter effects of loss of blood, as a puerperal disease.

These effects of loss of blood usually present themselves to our notice in rather an insidious manner; they are not generally introduced by rigor, or heat, or any other acute symptom; though I think there may be exceptions to the

* Vol. xiii. p. 121.

last part of this rule. It is an important remark, that the remoter effects of loss of blood, are frequently developed in cases in which there is also intestinal irritation in a dormant form, but that they very rarely occur in conjunction with inflammation; the effects of loss of blood, when they do occur in cases of inflammation, generally denote that the inflammatory action has been subdued.

I have already observed, that there is rarely either rigor or heat of surface; there may be transient chills and flushes, and slightly augmented temperature; but the countenance, and especially the prolabium, is generally pallid and the skin in a natural state.

The case is usually denoted by a throbbing fulness with moderate frequency of the pulse, throbbing pain of the head, and palpitation of the heart, which is apt to alternate with a state of syncope on slight exertion, or on assuming the erect posture; and there is usually a degree of panting. There is a characteristic susceptibility to fainting, on taking a very small quantity of blood.

I have repeatedly known the effects of loss of

blood to be mistaken for inflammation of the brain, on one hand, and disease of the heart, on the other. I consider this an important remark, as suggesting at once two characteristics of this affection, and the necessary caution in the diagnosis in puerperal diseases.

When the head is affected from loss of blood, there are much beating and throbbing of the temples, pain, a sense of pressure, or vertigo, with rushing or cracking noises.

When the heart is affected, there are great fluttering, beating, or palpitation, starting during sleep, hurry and alarm on awaking, sometimes with faintishness, a feeling of sinking, or of impending dissolution, &c. and with the palpitation, there are frequently beating and throbbing of the carotids, and sometimes of the abdominal aorta, perceptible to the touch, or even to the eye. These affections sometimes recur in the form of attacks, which are attended by much hurry and alarm.

Besides these more marked affections of the head and heart, which render it so necessary to distinguish this affection from inflammation or disease of those organs respectively, there are

many symptoms which occur in a less marked degree or form. There is frequently an inability to bear noise, or disturbance, or even the act of thinking with attention; but there is rarely intolerance of light; the last symptom usually denoting a state of intestinal irritation. There are frequently vertigo, or faintishness, on any exertion, or on assuming the erect posture; and when these two are combined, there has sometimes been a sudden and unexpected fatal termination of the patient's sufferings. In many cases there are great faintishness, and urgent demand for the smelling bottle, for the fan, or the fresh air, and for cold applications to the face or temples, and a sad feeling of impending dissolution. The respiration is affected, in different cases, with panting, hurry, sighing, heaving, blowing, moaning, gasping, catching, &c. There is, in some cases, an irritative cough, in violent fits, or in the form of perpetual hacking, apparently arising from an affection of the larynx or trachea. The stomach is liable to be affected with retching, vomiting, hiccough, and eructation, and the bowels, even in cases in which they were not previously disordered, be-

come variously deranged, with constipation, diarrhœa, and flatulency.

There are frequently, in severe cases, urgent restlessness, and jactitation.

In some cases there are various spasmodic affections. In other instances there are catching pains, which are apt to be mistaken for inflammation.

There are frequent changes, sudden attacks of alarming symptoms, a sense and fear of impending dissolution, urgent messages, &c., which become sad characteristics of this affection.

Another characteristic consists in the faintishness, gasping, or feeling of dissolution, which sometimes follows even a slight blood-letting; an awfully sudden death has immediately ensued, upon a full and mistaken blood-letting at this critical period.

Even the operation of purgative medicine has sometimes induced a degree of faintishness.

Every source of disturbance, of anxiety, or of alarm, and every kind of effort either of mind or body, is apt to be followed by a return or exasperation of the symptoms, and cannot be said to be free from danger.

I have already remarked, that an effort of the muscles, and assumption of the erect posture, have proved suddenly fatal. This sad event occurred to a lady who raised herself in bed, in this exhausted state, to make water; she fell down and expired.

But when the fatal event from loss of blood is not sudden, in this manner, the state of re-action sometimes yields to one of fatal sinking. I have described this state in my 'Medical Essays,' to which I have already had occasion to refer, and from which I extract the following remarks, referring my readers to that little work, for a further detail and exemplification of this condition of the system.

The symptoms of exhaustion with excessive re-action, may gradually subside and leave the patient feeble, but with returning health; or they may yield to the state of sinking. This term is adopted not to express a state of negative weakness merely, which may continue long and issue in eventual recovery; but to denote a state of positive and progressive failure of the vital powers, attended by

its peculiar effects, and by a set of phenomena very different from those of exhaustion with re-action.

If in the latter, the energies of the system were augmented, in the former, the functions of the brain, the lungs, and the heart are singularly impaired. The sensibilities of the brain subside, and the patient is no longer affected by noises as before; there is, on the contrary, a tendency to dozing, and gradually some of those effects on the muscular system, which denote a diminished sensibility of the brain, supervene, as snoring, stertor, blowing up of the cheeks in breathing, &c.; instead of the hurry and alarm on awaking, as observed in the case of excessive re-action, the patient in the state of sinking requires a moment to recollect herself and recover her consciousness, is perhaps affected with slight delirium, and is apt to forget the circumstances of her situation, and, inattentive to the objects around her, to fall again into a state of dozing.

Not less remarkable is the effect of the state of exhaustion, with sinking, on the function of the lungs; indeed, the very first sure indication

of this state is, I believe, to be found in the supervention of a crepitus in the respiration, only to be heard at first on the most attentive listening; this crepitus gradually becomes more audible, and passes into slight ruttling, heard in the situation of the bronchia and trachea; there is also a degree of labour or oppression, sighing, hurry, and blowing, in the breathing, inducing acuteness in the nostrils, which are dilated below and drawn in above the lobes, at each inspiration; in some cases there is besides, a peculiar catching, laryngal cough, which is especially apt to come on during sleep, and awakes or imperfectly awakes the patient.

The heart has, at the same time, lost its violent beat and palpitation, and the pulse and arteries their bounding or throbbing.

The stomach and bowels become disordered, flatulent, and tympanitic, and the command over the sphincters is impaired.

The last stage of sinking is denoted by a pale and sunk countenance, inquietude, jactitation, delirium, and coldness of the extremities.

I now proceed to exemplify the effects of loss of blood, by several interesting cases.

Mrs. ——, aged 35, was confined on Friday the 11th of June. For several weeks previously to delivery, she had been subject to pain of the head, and of the left side, which were relieved by an attention to the state of the bowels.

After the expulsion of the placenta, there was considerable hæmorrhagy, which induced great exhaustion; two doses of forty drops of tinctura opii were given within two hours, with the effect of producing sleep. The flow of milk commenced on the same day, and was very copious.

About three hours after delivery, Mrs. —— was seized with a violent pain of the crown of the head, confined to a space which could be covered by the hand; the pulse was 80 only; there was much thirst; the tongue was little affected; the skin was natural. This pain was relieved by the cold lotion, and opening medicines, and Mrs. —— continued better during ten days.

On the night of Monday, June the 21st, Mrs. —— was taken about 12 o'clock, with severe shivering, which was succeeded by intense heat and dryness of the skin, great pain of the head, and intolerance of light and of noise. At ten

o'clock on the succeeding morning, these symptoms still continued; the pulse was from 120 to 130, and sharp; the pain of the head was throbbing, and the head felt as if bound tight; the tongue was parched. Ten ounces of blood were taken from the arm, which produced temporary faintness, but some relief; the cold lotion was applied to the temples. At seven o'clock in the evening, the pain of the head was as severe as ever, especially if the lotion were not constantly applied; the pulse was 120; the tongue not so dry; the blood already drawn was buffy. Twelve ounces of blood were taken from the arm. This was followed by great faintness, and gasping breathing — to such a degree, indeed, as to lead to the apprehension of dissolution even. On recovery, the pain, and intolerance of light and sound remained as before; the pulse rose to 130. Leeches were applied to the temples and the cold lotion over the head; two grains of calomel were ordered to be taken every two hours; and an opening mixture and an enema were prescribed.

At four o'clock of the morning of Wednesday the 23d, the symptoms continued with little

change; the pulse was 120; there was much gaping. Six leeches were applied to the temples, a blister to the nape of the neck, and the medicines were continued.

On Thursday morning, the 24th, the pulse was 100, and she appeared better, but complained of a degree of beating of the heart. At four in the afternoon the pulse was 120, the breathing was deep, sighing, and rare, and there was a sense of fluttering at the heart, the affection of the head still continuing. Two grains of opium and five of calomel were ordered to be taken immediately.

At two o'clock on Friday morning, Mrs. —— was distressed with a feeling of hurry, of impending dissolution, and of being 'overcome' by sleep; the pulse was 120; and there were sighing and interrupted breathing. At eleven o'clock she was more comfortable, — the pulse was 100; there was less pain of the head, and of intolerance of light and sound, less sighing, and less faintishness; she had been able to sleep for ten or fifteen minutes without feeling overcome; there was some fluttering.

From this day the amendment was progres-

sive, though slow, and on the 29th, the following report was made. There have been some pain of the head, fluttering, faintishness, feeling of dissolution, sighing, breathing, restlessness, &c. at different times, but less than on the 25th; the skin has been in general hot, but once moist; the pulse about 100; the bowels rather disordered, and the stools dark and offensive.

A similar report was made on July the 3d. It is also stated that the pulse was easily hurried, that there was an evident movement of the abdomen from the action of the aorta; and that there had been occasionally hurry and alarm during sleep.

On July the 7th, it is reported that Mrs. —— is greatly susceptible of the effects of corporal exertion or mental emotion, which induce hurry, throbbing, palpitation, &c.; and there are still some throbbing or pulsation observed in the neck and about the heart; some tendency to sighing breathing, faintishness, &c.; there is also a return of the pain of the left side experienced during the later period of pregnancy.

On July the 16th there were still throb-

bing and palpitation on any exertion, and hurry on the slightest occasion; lowness and faintness; starting and hurry on falling asleep and on awaking; and a visible pulsation of the abdomen.

From this period, until the 4th of August, Mrs. —— continued to recover in the most favourable manner, when she again experienced a degree of shivering, heat, and pain of the head, and of the side. The medical attendants were called; the pulse was 104; the skin hot; there were pain of the head; the feeling of dissolution on falling asleep; fluttering; faintishness; repugnance to food; severe but ineffectual retching; the flow of milk lessened; no vaginal discharge. She could not bear to sit up, the window was wide open, a fan and smelling bottle lay on the bed, and the candle was shaded. The bowels had been moved and some dark and fœtid motions passed.

The anorexia had existed for some days, the bowels had been disordered, and Mrs. —— had parted with Mr. ——, who was gone a journey, circumstances which had appeared to conduce to this attack. A brisk purgative was prescribed,

and a draught with tinctura opii, spiritus ammoniæ aromaticus, and æther, was directed to be taken, if the operation of the purge should be too great. In the evening, I found the medicine had induced four or five alvine evacuations, which were free from fœtor or even odour. The feeling of faintness continued, and the pulse was extremely uncertain in frequency, varying from 84 to 100 in a minute; there were frequent deep sighs, and almost gasping, with loathing, nausea, and occasionally severe retching. Some beating about the chest, some restlessness, and considerable tremor. She took a little dry toast, a little weak brandy and water, and a little porter, and was ordered half a grain of opium, two grains of carbonas ammoniæ, and three of extractum hyoscyami, to be taken every three hours. This induced much sleep, the first part of which was attended with the same overwhelming feeling as before, but the latter greatly refreshing, and on the morning of August the 5th, she was better in every respect. In the evening she was still better, but complained of oppression, which was attributed to the extreme

closeness of the evening. There had been one fæculent motion.

On August the 6th, Mrs. —— was very much better. There had been a dark, fœtid, alvine evacuation.

From this time the recovery was progressive, rapid, and permanent, and the patient continues to enjoy a good state of health, with the exception of a disordered state of the digestive organs.

Mrs. ——, aged 44, mother of a large family, became pregnant about the beginning of October, and from that period was subject to sickness and a very irregular state of the bowels, constipation continually alternating with diarrhœa. About the ninth week after conception, there was a flow of fluid by the vagina, which did not coagulate; this flow continued a week, then ceased, but afterwards returned and continued, with the exception of two or three days, until at length the discharge formed into coagula, and abortion took place five weeks after the first flow.

Subsequently to this event there were weekly returns of uterine hæmorrhagy, which continued

for about two days, and then ceased again to recur, after an interval of about five days.

Before and after the abortion, Mrs. —— experienced much tremor, faintishness, and fluttering, and was unable to bear any noise or cause of hurry. These symptoms were aggravated more and more at each recurrence of the hæmorrhagy, which was always preceded by tumidity and a sense of fluttering about the abdomen, and by a peculiar inability to bear any noise or hurry, which always induced the feeling of approaching dissolution; after the loss of blood, there were also severe pain of the forehead, and palpitation of the heart, with tendency to syncope, chilliness, sense of want of air, &c. These symptoms became more and more distressing and serious at each return. The feeling of impending dissolution was so dreadful at length, that, as the patient expresses herself, not only noise and hurry, but even thinking was too much for her; and the subsequent affection of the head, &c. became very alarming.

I saw Mrs. —— on February the 22d. She then complained of severe pain and heaviness of the head, with vertigo on raising herself from

the pillow, of deafness, with a humming noise and beating in the ears, and of dimness of sight. She had been very wakeful; but on falling asleep, at any time, she awoke hurried, alarmed, and overcome, and experiencing a sense of dissolution; or if she continued to sleep, she was much disturbed by frightful dreams. She had much palpitation of the heart, with fluttering, and a very irregular and intermittent pulse; these symptoms were so much aggravated by any noise or disturbance, as to induce the feeling of impending dissolution, or as the patient expresses it, of 'instant death.' There was also great tendency to syncope, requiring the window to be opened, the face to be washed with vinegar, and the smelling bottle to be applied to the nostrils; other odours, however, could not be borne. There was no nausea or sickness. The bowels had all along required purgative medicines, and the alvine evacuations were copious, dark-coloured, and fœtid. There was much loud rolling of the bowels. No pain of the side, or uterine region. There were great pallidness, and loss of flesh.

The affection of the head and other symptoms

were not only aggravated, but distinctly reproduced, by each return of flooding, and the patient was always enabled to foretell the recurrence of hæmorrhagy, by her feelings of internal abdominal fluttering and fulness, and the effect experienced from noise and disturbance.

I prescribed a lotion consisting of two drachms of the sulphas zinci dissolved in sixteen ounces of water, to be inserted by means of a scroll of linen, into the vagina; purgative medicines, and the saline effervescing mixture. The lotion suppressed the hæmorrhagy, of which she had only one recurrence, and she recovered most speedily and favourably.

Mrs. ——, aged 24, was affected with continued and profuse uterine hæmorrhagy after delivery, for many weeks. The countenance became, in consequence, extremely pale and exanguious, as well as the hands and general surface; the pulse became frequent, and bounding; the head affected with throbbing pain, and, afterwards, the heart with beating, the action of the carotids being very evident to the eye, and to the finger; the tongue was furred, and affected with large and prominent papillæ;

and the alvine evacuations were very fœtid. Mrs. —— recovered much from taking opiate and aperient medicines, and on being allowed a little ale.

In this state of convalescence, Mrs. —— was extremely alarmed and agitated, by the occurrence of a storm of thunder and lightning, and became affected with excessive diarrhœa, hurry, and palpitation of the heart, the pulse being too frequent to be counted, and threatening of dissolution. This state was relieved by opiates.

On the succeeding day the countenance was again exanguious, the pulse extremely frequent, the carotids beat violently, and there were great hurry, faintishness, and debility; the appetite, which had previously returned, again failed; the bowels were open; there was pain from retention of urine; no uterine discharge.

From this time Mrs. —— recovered favourably and permanently, on using the same medicines as before.

The cases which have been now detailed, will sufficiently display the usual symptoms and effects of loss of blood, in the puerperal state, and demonstrate the danger, in different cases, of mis-

taking these effects for inflammation, or disease, of the brain, or heart, according as the symptoms affecting the former or latter organ, may predominate. The first will strongly illustrate the danger of drawing a wrong inference from the effects of blood-letting in such cases; for the symptoms were all relieved by this measure; but its repetition was attended by some alarm, if not hazard. This case illustrates another point, which is, that leeches applied to the temples may relieve and be admissible, when general blood-letting is inadmissible. It is further to be observed, too, that the application of leeches to the temples was not followed by the same degree of re-action as the blood-letting; so that, in this respect also, they formed the appropriate remedy. The second, and especially the third of these cases, strongly exemplify the symptoms of affection of the heart arising from loss of blood.

I now propose to detail the principles of the treatment in cases of the effects of loss of blood in the puerperal state.

In the first place, the state of exhaustion from loss of blood, with or without re-action, by no means precludes the possibility of congestion

within the head.* And it is no less certain that the application of leeches to the temples, or of the cupping glass to the back of the neck, relieves the symptoms of affection of the head, arising from loss of blood, in a remarkable manner. In a case given by Mr. Hey†, which I regard as being of this character, and to which I shall have occasion to revert hereafter, urgent symptoms of affection of the head were twice relieved by the abstraction of but three ounces of blood from the temporal artery. This mode of treatment must not therefore be neglected, except in the most extreme cases, in which the loss of even so small a quantity of blood, and that from the head even, might precipitate the remaining powers of the patient.

The next point of practice which requires to be mentioned is the state of the stomach and bowels. If these were free from all disorder before the occurrence of the loss of blood, yet the state of exhaustion ever induces a deranged state of the alimentary canal. The

* See Part First, p. 75, *et seq.*

† On the Puerperal Fever, p. 86.

state of the bowels must, therefore, claim our attentive consideration in every case of symptoms arising from loss of blood. Their functions and tone must be carefully restored by every means in our power, while we as carefully avoid any fresh source of exhaustion. The bowels must, in particular, be carefully evacuated daily. This may perhaps be best done by means of the warm water injection, so often recommended in this work already, with or without the aid of a draught containing an ounce of the infusion, and two or three drachms of the compound tincture of rhubarb, and of manna.

By these means, the state of irritability which is so apt to affect the system, and especially the head, and the heart, in cases of exhaustion from loss of blood, is greatly obviated. But, for this affection, it is frequently also necessary to give some mild but efficient anodyne. The tinctura opii, the tinctura hyoscyami, the spiritus ammoniæ aromaticus, &c. are extremely useful remedies in this affection. But perhaps the best are the liquor opii sedativus of Battley, or the extract of poppy, given in efficient doses.

When the head, the heart, and the alimentary

canal have been thus relieved, and even during the exhibition of the medicines which have been enumerated, it is of the first importance to attend to all the following points: viz. nourishment, fresh air, quiet, soothing, sleep, &c.

It is difficult to give any rule for the administration of nourishment. But the first rule is to ascertain that the bowels have been properly evacuated; otherwise food will only oppress the stomach; the second, is to give the nourishment itself in such forms as will prove light and easy of digestion; the third, is that it should be taken at first very slowly and in small quantities. Arrow root done in water, beef-tea, panado, sago, &c. may be given frequently.

The best restorative we possess, is, I believe, fresh air; but it is especially the best, in the cases under consideration. The warmth and closeness of a lying-in-room, must therefore be forthwith exchanged for free ventilation, only observing the due precautions against giving cold.

Nothing is more essential than quiet, both of body and mind. Bodily exertion leads to still further exhaustion, and perhaps even to un-

expected dissolution. And every kind of mental effort or hurry, not only exhausts the patient's strength, but is extremely apt to lead to those attacks of symptoms of irritability, of which I have given so full a description.

The patient should be soothed and lulled in every possible way; and it is of the utmost importance to procure sleep. But it should be observed, in regard to sleep, that too long a sleep is apt to exhaust or overwhelm the patient. This is especially true, if it be not preceded by nourishment. The sleep is also apt to be injurious by leading to turbulent dreams, which have the same bad effects as waking hurry of mind; the sleep should, therefore, be watched, and it should be interrupted if the patient is observed to suffer from agitation; this is best done, I think, by offering nourishment, for the patient is immediately collected, on awaking, from knowing what is doing.

There is one point which I have not hitherto mentioned as it deserves. It is the efforts made by the parent to suckle her infant. Nothing is so injurious in *all* puerperal diseases. These morbid affections have often appeared to be first

induced by the attempt to nurse; and they have still more freely been exasperated by it. This attempt especially involves, within itself, almost every thing which can be injurious in a state of exhaustion; the drain, the muscular effort, the mental excitement, implied in the act of suckling, are all of the most injurious tendency in this affection.

CHAPTER VII.

OF MIXED CASES; OF PUERPERAL MANIA; OF THE DIAGNOSIS; AND OF THE TREATMENT.

PERHAPS the cases which most frequently present themselves to our notice in practice, are of a character distinct from those which have been described in the three preceding chapters, differing from them principally by blending two, or all three, of those cases, in an individual patient.

Our systems of nosology have, I am persuaded, greatly erred, in attempting to separate diseases from each other, and describe them as distinct, when they far more frequently occur in conjunction; so that the mind of the medical student is not at all prepared for the cases which most frequently occur to him when he first enters upon practice. A little experience teaches him the difficulty, nay, the absurdity, of attempting to give each individual case a name, or to

put it down in a list of diseases. Each patient, on the contrary, presents to him a new congeries of symptoms, a new complication of diseases or disorders.

To apply these remarks to our present subject, it may be truly said that puerperal cases are more complicated than any. But I have already sufficiently insisted upon this point in the first chapter of this part of my work. And I now proceed to illustrate the various combinations of inflammation with intestinal irritation, or of either, or both, with the effects of loss of blood.

Some cases have conjoined the most decided symptoms of intestinal irritation with those of inflammation, and having proved fatal have presented all the traces of inflammatory action, on examination. It has already been shown, that in many cases of inflammation, there are none of the symptoms which denote intestinal irritation; there is an absence of rigor, of heat, of affection of the head, &c. But the effects of inflammation are found on dissection. On the other hand, there have been all the symptoms of intestinal irritation, as rigor, heat, head-ach, with pain, tenderness, and tension of the abdomen,

without a trace of the effects of inflammatory action on examination after death. The conclusion from these separate statements is obvious; inflammation and intestinal irritation may exist separately ; — but they may also exist together.

The effects of loss of blood are frequently observed in cases of inflammation, when the primary disease has been perfectly subdued. But they are still more apt to concur and to assimilate themselves with those of intestinal irritation, when there has been much loss of blood by hæmorrhage or by blood-letting.

I propose to illustrate this subject immediately, as well as the interesting question of the diagnosis, by a reference to the valuable treatise of Mr. Hey, upon puerperal fever. This author, as well indeed as almost every writer upon this subject, appears to me to have combined in one description, all the three different cases of which I have treated. It is not, therefore, wonderful that their works should involve many inexplicable discrepancies in the symptoms and in the treatment. Some cases have occurred without rigor, heat, or head-ach ; others have combined all three, with or without great affection of the

abdomen. Some have been cured without the lancet; others have not yielded to the most judicious and most ample blood-letting. It is doubtless a most important question, how can these discrepancies be explained?

Other difficulties and other discrepancies have arisen from the addition or superinduction of the symptoms of loss of blood, in cases of inflammation, or of intestinal irritation. This is a mixed case which very frequently occurs, and causes much embarrassment to the young and inexperienced physician. And it has too frequently happened, that the lancet has been prescribed under a false impression of inflammation, and that great danger, and even immediate dissolution, have ensued.

There is a mixed case which shows itself under a still different form, from any which have hitherto been described: — it is *puerperal mania*. I believe this disease to result, in general, from all the circumstances following parturition combined *; but chiefly from the united influences of intestinal irritation and loss of blood. I pur-

* See Chapter III.

pose to pursue this subject hereafter. In the mean time, however, I would observe, that I am persuaded that real puerperal phrenitis is comparatively a rare disease, — that puerperal mania is seldom of an inflammatory character, and that it is, especially, to be treated by those measures which are suited to the mixed case of intestinal irritation and exhaustion. This opinion is confirmed by the fact of mania occurring from undue lactation, as well as from the circumstances of the puerperal state. I am inclined to attribute much more to the combined influence of irritation and exhaustion, than to the mere "state of the sexual system which occurs after delivery," which has been assigned as the chief cause of this morbid affection by Dr. Gooch, in a most interesting paper upon this subject, in the sixth volume of the Transactions of the College of Physicians, p. 280., — although I would by no means exclude the influence of this principle altogether. There is ample evidence, in Dr. Gooch's cases, of the influence of intestinal disorder; and the events of labour, and the circumstances of lactation, ever add to this a state of exhaustion. This view is the more important,

because it directly suggests the proper mode of treatment, which consists in restoring the system to a state of due health by every means in our power, whilst we adopt every measure which can soothe and allay the morbid irritability of the nervous system.

I am confirmed in this view of the nature of puerperal mania, not only by a careful investigation of its causes, and the good effects of the remedies which I have mentioned, but by having met with the symptoms of intestinal irritation described in chapter V., as a prelude to those of mania. The following interesting case will illustrate this point.

Mrs. —— was well, except a little cough, during the whole course of her pregnancy. Labour-pains commenced on Saturday, at three o'clock in the afternoon, and continued trifling for 24 hours; they then became severer, and continued so until Tuesday afternoon; at this time, the pains became severer still, and remained so until her delivery at midnight, when she was greatly exhausted. There was no serious flooding or bowel-complaint; and Mrs. —— continued to do well until Friday, about 50 hours after her

delivery; at that time she became affected with severe pain of the head, with great beating, and noise, and great intolerance of light and sound, and dozing, interrupted with much starting. She was better the succeeding morning, but became very much worse in the afternoon, with the same pain of the head, and other symptoms as before; the pain was extremely severe, and she passed a restless night. I saw Mrs. —— the next day, Sunday; she was then affected with great pain of the head, some delirium, and occasional attempts to get out of bed; intolerance of light, noise, and disturbance, and a very frequent pulse, from 130 to 140; there was a feeling of sinking; starting, and alarms, and frightful visions on closing her eyes or falling asleep, with a mixture of delirium and consciousness of delirium.

This state continued until Wednesday and Thursday; on the former day, there was some delirium and much purging; on the latter, continued and violent delirium, with crying and tears, and a constant desire to get out of bed;— an entire absence of rest and sleep had obtained for five days. Leeches, and purgatives, and

anodyne draughts of the usual strength, had been employed in vain, the symptoms having much increased in violence every day. On the evening of Thursday, a dram of tinctura opii and of the spiritus ammoniæ aromaticus were given, and repeated in the night, and snow was applied to the head. This induced a profound and quiet sleep, with only a little starting on awaking; she awoke, indeed, free from delirium, and much refreshed, and the pulse was less frequent. The draught was repeated on Friday at bed-time. The pulse continued to diminish in frequency, and the symptoms to subside, from this time; the flow of the lochia and of the milk was natural. Once, in the course of this case, there were pains and some tenderness of the lower part of the abdomen, which were effectually relieved by a fomentation and an ammoniacal liniment.

I shall never forget the astonishing effect of the ammoniacal opiate draught prescribed on the Thursday, after the effectual evacuation of the bowels. I would remark, that the awaking from sleep, in this case, was sometimes so frightful, that the patient would almost jump off the

bed; and had her sleep and awaking not been carefully watched, it seemed probable that she might even have expired.

Other cases begin in this manner, but go on to a protracted length.

There are frequently many of the appearances of disorder of the general health described in the former part of this work; sometimes jaundice even; and the state of the complexion, and of the alvine evacuations, leaves no doubt as to the influence of the morbid condition of the intestinal canal. Blood-letting plunges the patient into a state of danger, perhaps into one of irretrievable sinking. I leave this interesting subject to be discussed upon some future opportunity, earnestly recommending to the reader, in the mean time, the study of the paper already quoted, by Dr. Gooch, and especially the following observation:—"If every patient who has fever, is furious, and shrinks from a candle, is judged to labour under phrenitis, mania will be mistaken for it, and, what is worse, mistreated."*

I now return to the consideration of some of

* Transactions of the College of Physicians, vol. vi. p. 279.

the cases detailed in the treatise upon puerperal fever, by Mr. Hey.

The first case which I shall quote, is one of pure puerperal inflammation of the abdomen. It is highly important, by illustrating the facts, that this species of inflammation may be set up without being attended by rigor, heat of surface, great frequency of the pulse, or affection of the head.

"Mrs. S—— was brought to bed on the 5th of July, 1810, about nine o'clock in the morning. In her former labours she had been subject to a relaxation of the uterus after delivery, which usually occasioned a considerable flooding. Her discharge, at this time, was copious; but, being aware of the tendency to hæmorrhage, I was able, by suitable means, to keep it within moderate bounds.

"On the following day, at three o'clock in the afternoon, I was called to her in haste, on account of an excruciating pain which had suddenly seized the abdomen. It continued for half an hour without remission; but, before my arrival, it had ceased. As the pain was not preceded by rigor, and the pulse was not acce-

lerated, I could not conclude the case to be one of puerperal fever; and therefore satisfied myself with prescribing an opening medicine, and requesting to be sent for immediately, if the pain should return.

"Having heard no more from the patient, I visited her late in the evening; and then found that the pain had returned, but with a less degree of severity; and, having had regular remissions, it had been mistaken for the common after-pain, and had therefore created little alarm. The abdomen had become very tender, and the pulse frequent.

"No doubt now remained on my mind of the nature of the disease; and, though the attack was less distinctly marked than in most of the cases which I had seen, my later experience warrants me in concluding, that the disease would soon have proved fatal, had not vigorous means been employed to check its progress. As night was approaching, I feared to wait till the symptoms became more urgent; and, therefore, notwithstanding my reluctance to copious bleeding was not quite overcome, I immediately took from the arm a large basin full (about

twenty ounces) of blood, and directed a continuation of the purgative. A cathartic clyster was also injected. The pain was diminished, while the blood was flowing, and on the following morning it was nearly gone; the fever had also greatly subsided. The bowels had been freely evacuated, yet I thought it advisable to maintain the purging undiminished for another day; and then it was suffered gradually to abate. The patient recovered without further complaint.

"Thus was an immediate stop put to the disease, which, had the bleeding been omitted, or deferred until morning, would, in all probability, have been irremediable. For though the first attack was, in some respects, less alarming than in many other cases, yet its early period, the severity of the pain, the consequent soreness of the abdomen, and the rapid increase of the pulse, clearly point it out as a genuine, and not a very slight case of the prevailing epidemic. Perhaps the previous hæmorrhage might, in some degree, have obviated its violence." *

It is a dangerous opinion, that puerperal inflammation of the abdomen must be ushered in

* Pp. 91—94.

by rigor,—must be attended by great fever. This disease is often insidious; it frequently begins with slight rigor, sometimes with no rigor at all. And violent rigor, and great heat of surface, frequency of pulse, and affection of the head, denote the addition of intestinal irritation to the state of inflammation. I beg to repeat, that an accurate examination of the abdomen can alone establish a correct diagnosis of the latter disease; to which must be forthwith added an investigation of the powers of the system to bear blood-letting, of the effects of a free evacuation of the intestinal canal, and of the condition of the alvine discharge.

The next case which I shall transcribe is an example of intestinal irritation, and not, I believe, of inflammation.

"Mrs. N——, residing at a solitary house in the country about three miles from Leeds, was brought to bed in the night of the 7th of February, 1810, after a short and easy labour. She was a middle-aged woman, and had borne many children. On the ninth, I gave her a gentle laxative, which had the desired effect. On the morning of the tenth, I found her sitting

up to suckle her child; she seemed unusually well, and so she remained till the end of six days.

"14th. I was called up at one o'clock in the morning to visit her, and was informed that, having gone to bed quite well, she was seized at eleven P. M. with a shivering fit, which was succeeded by a great degree of heat, and pain in her body (shooting also into her hips and thighs) resembling labour-pain, but continuing without any perfect intermission. She complained also of much pain and throbbing in her head. Though the heat had begun to abate before my arrival, the skin was still hot and dry; but soon afterwards a profuse perspiration succeeded. The tongue was furred and very white; and the pulse beat at the rate of 150. The breasts were flaccid, and I desired that the child might not be allowed to suck. The abdomen did not show any tenderness upon pressure. The lochia had returned afresh on the preceding morning, and in the evening she had had a natural and easy stool.

"The want of success which had hitherto attended the treatment of the disease, induced me immediately (though it was night) to consult

with my father on the management of this case. We were satisfied that no remedy had done so much good as purging, yet it had not proved sufficient for the cure of the disease. We therefore thought it proper to add such means as might tend to allay the local irritation, without much interfering with the operation of purgatives. With this intention, we ordered a draught with rhubarb and tartarized soda, of each a dram, to be taken immediately; a small clyster with forty drops of tinct. opii to be injected; a large blister to be applied to the abdomen; and a saline draught to be taken every two hours.

"Half past two, P. M. The pain had somewhat abated before the medicines arrived. After the injection of the opiate, it had gone off entirely, and had not returned. A slight vomiting had come on after taking the purging draught, and probably a part of it had been rejected. A degree of chilliness succeeded by heat had returned about one P. M. Pulse at 126. I prescribed the following mixture;

℞. Sod. tartariz.—mannæ, āā ℥ss.
Tinct. senn. ʒij.—Aq. fervent. ℥ij.
Sumat tertiam partem alternis horis;

and ordered a domestic clyster to be injected. I took off the blister, which by mistake had been applied to the back.

"Nine, P. M. Two doses of the mixture had been taken, and had procured three loose feculent stools. A degree of nausea had once been felt after taking some broth. Pulse at 134.

"15th. Half past one, P. M. The patient had passed a very comfortable night, and had slept a good deal. She remained free from pain and soreness in the abdomen; and the secretion of milk seemed to be returning in the breasts. The tongue was cleaner. Pulse at 104. She had had one copious stool of solid fæces in the night, but none since that time. The saline draughts were ordered to be taken every four hours, and the purging mixture in such doses as to keep open the bowels; also a clyster to be injected in the evening. A table spoonful of wine in gruel was allowed to be given now and then.

"16th. The injection had produced two plentiful stools containing large lumps of solid fæces. The patient complained of more pain in her head, and her tongue was furred. Pulse at 96. The medicines were ordered to be continued;

another clyster to be injected in the evening; and the feet to be immersed in warm water.

"17th. Four, P. M. Notwithstanding a pretty good night, she had not been so well this morning. The pain in her head continued; and she had several times experienced an acute shooting pain in the region of the uterus, which did not remain, but had produced some degree of soreness in the abdomen. She complained of thirst; the tongue was a good deal more furred, and the pulse at 104. Several loose evacuations had taken place in the preceding evening, but none after nine o'clock.

"Ordered the opening draught to be given immediately; and the clyster in the evening, if the draught should not operate before nine o'clock. The patient having taken a dislike to the saline draughts, the carbonate of potass with lemon-juice, to be taken in a state of effervescence, was substituted in their place.

"18th. The opening draught and injection had failed to operate. The abdomen was distended and hard, but not painful. Some degree of nausea had come on in the night, but had not produced vomiting. The skin was cool and

pallid. The tongue was covered with a brown fur, and the pulse was at 112. A repetition of the clyster and opening medicine was directed.

" Six, P. M. A copious stool had been obtained, containing a good deal of mucus; and much flatus had been expelled per anum. The abdomen was soft, easy, and considerably reduced in size. Countenance good. Pulse 114.

" 19th. The patient had passed a very good night, and was in all respects better. The pain in the head and abdomen, and the enlargement of the latter, were quite gone. The fur of the tongue was coming off, and the pulse was at 98. A clyster had been injected, and had procured a proper evacuation.

" About noon, she was seized with a cold fit, scarcely proceeding to a rigor, which was succeeded by great heat, a very frequent pulse, and pain in the head. A second clyster was injected, which operated and gave sensible relief. I ordered an opening draught to be taken in the evening, and the clyster to be repeated if necessary.

" 20th. The draught and injection had both been given, and an evacuation procured by each

containing lumps of hardened fæces, which had the appearance of having remained in the bowels for some time, and had probably been the cause of the cold fit. The head was quite relieved; the fur was cast off from the tongue; and the pulse was reduced to 90. As there was some appearance of languor, a table spoonful of wine was directed to be taken frequently in some nourishing liquid.

"21st. No complaint, except soreness of the tongue and fauces, which were affected with aphthæ.

"On the 22nd, the patient having been rather longer than usual without a stool, was again attacked with chilliness succeeded by heat, but in a much less degree than before. She was relieved by an injection; but this attack occasioned her a restless night.

"From this period, she recovered without any relapse; but was some time in regaining her usual strength, on which account she took various tonic medicines." *

In this case there were, at first, rigor, a great degree of heat, a white and furred tongue, a pulse

* Pp. 70—76.

of 150, much pain and throbbing in the head, whilst the abdomen was free from tenderness on pressure. On the second day, the abdomen was still free from pain. On the third, large lumps of solid fæces had been passed, and there was more pain of the head, but still none of the abdomen. On the fourth day, an acute shooting pain in the region of the uterus is first noticed; on the morning of the fifth, the abdomen was distended and hard, but not painful, and in the evening, soft, easy, and considerably reduced in size. On the sixth day the pain and enlargement of the abdomen were quite gone; in the evening, there were rigor, great heat, frequency of the pulse, and pain of the head; these were greatly relieved by a clyster, and on the succeeding day the patient passed lumps of hardened fæces, which had the appearance of having remained in her bowels some time.

In addition to these observations, it is to be particularly noticed that this patient recovered from this violent attack of puerperal disease, without the use of the lancet.

I should be afraid of being charged with colouring, if I had given such an account of a

case of puerperal disease. No one can fail to observe the entire difference between this and the former case, in every particular. The symptoms are totally different; those of the former illustrating admirably the case of rather insidious puerperal peritonitis; those of the latter not less forcibly, the severer attack of intestinal irritation. The treatment demonstrates the same thing: it is all but impossible to imagine that such an attack should yield without the most active blood-letting, had it, indeed, been inflammatory. Many other patients had died under the neglect of this all-powerful and all-essential remedy of inflammation. Why should this patient escape?

The last case which I shall adduce is not a case of inflammation, nor purely of intestinal irritation, but affords an example of intestinal irritation with the effects of loss of blood.

"June 18th, 1810, I was sent for to Mrs. B——, a stout middle-aged woman, living at a little distance from the town, who had born several children, and was then in labour. The early part of the labour proceeded quickly, but the pains declining in strength, the latter part

was slow. The placenta separated spontaneously, and was expelled by the natural efforts; but the uterus did not contract well afterwards, which occasioned too great an effusion of blood. However, by keeping up a compression with the hand on the fundus uteri for about an hour, the hemorrhage was considerably restrained, and I left my patient apparently doing well.

"In about an hour, I received an urgent call in consequence of a fainting; and found the uterus much distended with blood. I removed the coagula from the vagina; and, by gently stimulating the os uteri with two fingers of one hand, and compressing the fundus with the other, a good contraction was produced, and the hemorrhage ceased. The patient remained languid, but had no more fainting. Pulse 120.

"19th. No complaint but languor arising from the loss of blood. Pulse the same.

"20th. The strength had improved, but the pulse had rather increased in frequency. Ordered a gentle laxative.

"21st. Eleven, A. M. The laxative had procured three good evacuations, two of which were loose. The pulse had come down to ninety-

six, and was full and strong. I observed the tongue to be dry in the middle.

"Three, P. M. Not long after my visit in the morning, the patient had been affected with a slight chilliness, which was succeeded by heat, vomiting, and a continued, though not violent pain in the abdomen. She complained of soreness when the abdomen was touched; and the uterus, somewhat enlarged, was distinctly to be felt above the pubes. The skin had now become cool. I directed a purging clyster to be injected immediately, and a saline mixture to be taken every two hours in a state of effervescence.

"At this time I had not seen Dr. Gordon's Treatise on the Puerperal Fever of Aberdeen; for it was not much known in Leeds. But I had read the short account of it contained in Thomas's Modern Practice of Physic; and the last case which had occurred to me, having exhibited evident marks of acute inflammation, I was strongly inclined to make trial of bleeding. This inclination was strengthened by reflecting on the small success which had hitherto attended all other means; and still

more so, by the consideration, that purging, the other principal remedy of Dr. Gordon, was the only one from which I had seen clear and decided advantage. Unfortunately the present case was not favourable to the trial, the patient's strength having been previously reduced by a profuse hemorrhage. No time, however, was to be lost; I determined therefore, to repeat my visit soon, and to be guided by circumstances.

"Five, P. M. The clyster had been given an hour, and was still retained. The vomiting had not returned. The pulse was at 112; and as it was by no means a weak pulse, I determined to take a small quantity of blood from the arm, and to observe its effect. I took away seven ounces, and also applied a large blister to the abdomen.

"At Eight, P. M. my father visited the patient with me. She had parted with an astonishing quantity of fæces mixed with mucus. The pain came on at intervals, like after-pains; and was very moderate in the remissions, when she lay quite still upon her back; but the least motion of the body occasioned great uneasiness. The blood exhibited a very thick inflammatory crust,

and the crassamentum was remarkably firm. The pulse was 130, and hard. Under these circumstances, it was judged proper to repeat the bleeding to the same quantity.

"Ten, P. M. The second quantity of blood was not covered with so thick a crust, but the crassamentum was still more firm than the former. It was like a piece of liver; I could scarcely pierce it with my finger. The pulse had come down to 120, and was more full. She was lying upon her side, which she had not been able to do before, and was quite easy when at rest. She had complained all the day of great thirst. The tongue was clean, but still dry in the middle. A saline draught was ordered to be taken every three hours, and, as she had had several more loose stools, thirty drops of tinct. opii were added to the first.

"22d. Throughout this day the pains were slight and distant, and their remissions almost complete, so that the patient could bear to take her nourishment sitting up in bed. The tongue was moist and clean. Some opening medicine being necessary, a dose of rhubarb and calomel was given, and the clyster repeated. By their

joint operation a surprising quantity of fæces was again discharged in the evening. The pulse was below an hundred in the morning, and in the evening at 116. As she had perspired a good deal, and appeared languid, the saline draughts were directed to be made with an ounce of decoct. cinchonæ. The anodyne was repeated.

"23d. She had passed the night without any pain, notwithstanding which she had slept but little. Pulse at 110, and very strong. No more stools: clyster repeated.

"Having augured favourably of this case from the gradual and complete cessation of pain, it was with no less surprise than regret, that, in the evening, I found an entire new train of symptoms. The patient having been affected throughout the day with an irresistible propensity to sleep, from which she got no refreshment, awoke in the evening with pain in her head, accompanied with giddiness and ringing in the ears. Her face was flushed: her pulse at 132 and strong. She had had three loose stools, and had parted with a large quantity of urine. Some leeches were ordered to be applied to the tem-

ples; but finding, on a second visit, that they had not been procured, I took three ounces of blood from the temporal artery. The saline draughts were directed to be made without decoct. cinchonæ, and a blister to be applied to the nape of the neck. Just before the bleeding, the pulse was at 120, after it at 112.

"24th. I found the patient sitting up in bed to take some refreshment. She had slept several hours in the night. Her countenance was good. It was rather singular, that the left side of the head, from which the blood had been taken, was easy, but the opposite side painful. The crassamentum, as before, was extremely firm. Pulse 126. I took three ounces of blood from the temporal artery of the right side, and the evacuation greatly diminished the pain.

"In the evening she experienced a seizure somewhat similar to that of the preceding day. Having been visited by several friends, who had inconsiderately talked and read a good deal to her, she was suddenly affected with a sense of great confusion and noise in the head, accom-

panied with much heat and flushing of the face. Pulse 140. In consequence of the relief before experienced, she was very desirous to lose some more blood from the temples, and therefore, though the pulse appeared less strong, I took an ounce and a half from the temporal artery.

" The case having become more alarming by this relapse, a consultation was requested; and a physician who had attended several of these melancholy cases with me, was called in; my father also visited the patient with us. The pulse had come down to 120, and was evidently fuller since the bleeding. The crassamentum was as firm as before. It was agreed, that the saline draughts should be continued, that a blister should be applied to the head, and the temples and forehead be frequently bathed with cold vinegar and water.

" 25th. Eight A. M. She had had no sleep in the night, but her head was rather more composed, and she was free from heat. Pulse 116. Some indications of a paralytic affection were now apparent. She faltered in her speech, and her tongue when put out, was drawn to one

side. At noon the pulse got up to 140, she took little notice, and though she sometimes spoke coherently, an answer to any question could scarcely be obtained from her; her mind also appeared much agitated.

"At four P. M. the physician met us: it was agreed that a little wine whey should be given frequently, and the following medicine was prescribed;

℞. Spt. æther. comp. gutt. xxx.
Spt. ammon. comp. gutt. x.
Aq. puræ ℥iss. M.

Fiat haustus tertiâ quâque horâ sumendus.

A draught with fifteen drops of tinct. opii was also directed to be taken at bed-time.

"26th. The night had again been passed almost without sleep; but the head was free from pain, confusion, and the sense of ringing. Pulse 116.

"Two, P. M. After three hours comfortable sleep, the head was not so well. The bowels were open, and the stools natural. Pulse 120.

"27th. I was not able to see the patient myself on this day, and I neglected to minute any account of its occurrences.

" 28th. She had had no sleep in the night, and was very restless, with some degree of delirium. We found her incessantly talking, but could procure no answer from her to any question that was proposed. She refused all medicine. Pulse 120.

" In the course of the day the abdomen became tumid from flatus confined in the bowels; the tumefaction was unattended by pain or soreness, and entirely subsided as soon as evacuations were procured by an injection.

" Ten P. M. She was in all respects worse. Her urine came away involuntary; she had some rattling in her breathing, and appeared to be sinking. Pulse 132. Thirty drops of spt. æther. sulph. were ordered to be given now and then as a grateful cordial.

" 29th. We were agreeably surprised to find our patient much better. During the night she had been able to retain her urine, and had made a large quantity with proper intervals. She was quite sensible, and more composed; and had regained the power of putting out her tongue, which before she had lost. The pulse was at 106, and the tongue continued clean. Ordered

to take at regular intervals a draught of infus. rosæ made with decoct. cinchonæ, and to have occasionally a little Madeira wine.

"These favourable symptoms did not long continue. In the evening the pulse had got up to 120, and the heat had increased.

"From this time the patient became gradually weaker, her pulse was accelerated more and more, and her urine was again discharged involuntarily. She lived two days in a state of great anxiety and increasing restlessness, and died on Sunday night the 1st of July.

"This case appears to me an instance of a remarkable metastasis of the Puerperal Fever; and had the disease been transferred to a less vital organ than the brain, a more happy crisis would probably have been the result. I have before mentioned that, at Aberdeen, the disease was not unfrequently transferred to the surface of the body, producing an erysipelas on the extremities, which proved a "certain sign of a salutary crisis." And the transition of inflammatory affections of various kinds from one part of the body to another, is a fact well known in the practice of physic. In the case just related,

it is observable, that, while the inflammation of the abdomen subsisted, the head was free from all complaint; and that, as soon as the inflammation was completely removed from the abdomen, to which it never in any degree returned, the head became affected with symptoms of inflammation, accompanied with evident marks of compression of the brain.

"Whatever other conclusions may be drawn from this case, the entire removal of the abdominal affection, and the appearance of the blood, which was of a firmer texture than any I had ever seen, both tended to confirm me in the propriety of bleeding in the disease under consideration." *

I believe there was not inflammation of the abdomen, in this case, although I do not mean to express myself positively upon this point. But I am perfectly convinced that the disease consisted, chiefly, in the effects of intestinal irritation and of loss of blood. The attack was ushered in by rigor succeeded by heat; there was the evacuation, first, of 'an astonishing quantity,' and on the succeeding day, of 'a surprising

* Pp. 81—91.

quantity' of fæces, and a 'complete cessation' of the pain of the abdomen. On the third day an event occurred which is exceedingly common in cases of intestinal irritation and of loss of blood, namely, an attack of affection of the head,—pain, with giddiness, and ringing of the ears, the face being flushed, and the pulse frequent. A similar seizure was repeated on the succeeding day; there was 'a sense of great confusion and noise,' accompanied with much heat and flushing of the face. Afterwards, there were indications of a paralytic affection, an event which sometimes occurs in exhaustion from loss of blood.* In a day or two more, there were restlessness and incessant talking; and 'in the course of this day the abdomen became tumid from flatus confined in the bowels, the tumefaction being unattended by pain or soreness, and entirely subsiding as soon as evacuations were procured by a glyster.' This patient rallied a little on the succeeding day, and became 'quite sensible and more composed;' — but few patients, under such circumstances, recover from a 'rattling in the breathing,' a symptom which had been re-

* See the Medical Essays, p. 68.

marked the day before, and which, if accurately observed in its very commencement, is amongst the first, if not the very first, of the fatal symptoms in sinking from loss of blood. *

I would here make one remark in regard to the metastasis which was supposed to take place. Of this I am persuaded, that, in many such instances, that which has been supposed to be metastasis of inflammation, was, in fact, but the wonted effects of intestinal irritation, and of loss of blood, upon the functions of the brain, or other organ, of which so much has already been said in this work.

This case, then, beautifully illustrates many points of high practical importance. First, although there were three good evacuations on the twentieth, of which two were loose, they did not prevent the evacuation of an astonishing quantity of fæces on the twenty-first, and again on the twenty-second. In the second place, on the evening of the twenty-third, there was one of those sudden changes and reverses, which I have mentioned as so apt to occur in these cases; there

* See the Medical Essays, p. 51, &c.

were pain in the head, giddiness, and ringing in the ears. In the third place, it is to be remarked how small a loss of blood, taken from the temporal artery, relieved these symptoms; this very fact proves them not to have been inflammatory. In the fourth place, we have an illustration of the sad effects of the injudicious visits of friends; to this circumstance I should be apt to ascribe the fatal issue of this case even. In the fifth place, we have an example, first, of paralysis, and, then, of incessant delirium, from exhaustion, so often mentioned already in this work; see pp. 75. 243. In the sixth place, we observe the supervention of rattling in the breathing, and of flatulent tumidity of the bowels, as symptoms of the sinking state. Lastly, we are taught not to be too much buoyed up by hope, from an apparent amendment in this state of exhaustion and sinking, a point to which I have particularly alluded elsewhere.*

It may not be amiss, in this place, cursorily to repeat the principles of the treatment in these puerperal diseases.

* Medical Essays, p. 83.

And, first, in regard both to pure inflammation, and pure intestinal irritation, the first measure, should be to place the patient upright and bleed her until she faint. It may be said, then, that the treatment is the same in both these diseases. This is by no means the case. And the difference is this. If the disease be inflammation, perhaps twenty-five or thirty ounces of blood may be taken before the patient turns faint; but if it be intestinal irritation, a much smaller loss of blood will lead to deliquium. And now the vast importance of taking blood, in the upright posture, is obvious,—not for the sake of producing syncope merely, but with the object of being guided, also, as to the quantity of blood which should be drawn.

The next thing to be done, especially where comparatively little blood has been taken, is, fully and freely to evacuate the bowels,—and attentively to inspect the alvine discharges. This object should be effected by first administering about three pints of warm water, as an enema, and then efficient purgative medicines.

The same principles must guide us on our next visits. According to the state of the

patient, more blood must be taken, or the bowels must be again purged. But here I would observe, that if the case have proved to be intestinal irritation, a repetition of the blood-letting must be instituted with great caution; for I have known such a repetition prove suddenly fatal, as I purpose to shew in the succeeding chapter.

In regard to the case of exhaustion, I believe that, whenever blood is taken, it should be locally only. The head being usually affected, cupping or leeches are generally to be applied to the temples or back of the neck. It is often astonishing how little abstraction of blood will frequently relieve.

In cases of exhaustion, the bowels are invariably disordered, and flatulent, and either constipated or too relaxed; efficient aperients must be given; but the strength must be kept up by light nutriment.

I think it needless to enter more fully upon the subject of the treatment of puerperal diseases, having already discussed it at some length in chapters IV., V., and VI. But I was anxious to present and contrast the different principles of the treatment of inflammation, intestinal irrit-

ation, and exhaustion, in this place, in order to prevent the possibility of misconception, and to simplify the subject as much as possible for the general practitioner.

In drawing these observations to a close, I would refer the young clinical student to an interesting case, published in the Edinburgh Medical Journal, for July 1824, p. 53, and to some remarks made upon it in the London Medico-Chirurgical Review, for January 1825, p. 243. Like the observations contained in the present chapter, they greatly illustrate the diagnosis of puerperal diseases.

CHAPTER VIII.

CASES OF THE FATAL EFFECTS OF BLOOD-LETTING IN PUERPERAL AFFECTIONS.

No one can charge the plans of treatment proposed in the foregoing pages*, with indecision or inefficiency; and I am persuaded, they are equally free from the opposite imputation of rashness and undue activity.

In order, however, that no caution may be wanting to guide the young physician in the treatment of puerperal diseases, and in order that the full value of the mode of proceeding which has been recommended, and the precautions which are necessary in carrying it into effect, may be felt, I think it right to adduce, in this place, several cases of the fatal effects of inconsiderate blood-letting, in puerperal diseases.

These cases illustrate several points of great practical importance: and first, the danger of the repetition of the blood-letting, in cases which have been relieved by previous remedies, as a

* See pp. 188—190.; 219, 220.; 243.; 282—285.

preventive merely; in such cases, all inflammation, if it existed, having subsided, a chief source of safety in the use of the lancet, as well as of the necessity for it, is removed, and the patient will be very apt to fall a prey to the further loss of blood. This is exemplified in the first and second cases about to be adduced. In the second place, I consider the particular danger of an unguarded use of the lancet, in cases not inflammatory, to be exemplified in the third case, which was clearly one of intestinal irritation, and not of inflammation. The last case is a sad instance of an inconsiderate blood-letting, and it is to be hoped that few such examples have occurred, although, I confess, that in the prevailing mania for blood-letting, even such cases should not greatly surprise us.

The first of these cases presents the phenomena of a rather gradual sinking, from a fatal blood-letting.

Mrs. —— aged 30, had been affected with what appeared to be a slight attack of influenza; she was seized with rigor, and soon afterwards the pains of labour came on, and issued in delivery in about fifteen hours, at nine o'clock A. M.,

which was followed by much fever, the countenance being flushed, the pulse frequent, and the breathing difficult with incessant cough; these symptoms increased towards evening and in the night, and about forty ounces of blood were drawn from the arm at two bloodlettings, and the next morning twelve leeches were applied to the chest, with great relief. In the evening a blister was applied.

The night was passed more comfortably; she dozed a little and was cheerful, and continued relieved in the morning. As a preventive against a relapse, however, three teacupfuls of blood were taken. The patient became faint during the flow of the blood, — sank from that time, and never again rallied; she became extremely feeble and could scarcely articulate, and from being cheerful the day before, was now impressed with the conviction of approaching dissolution, and expressed herself as unable to recover from the last bleeding. During this day, Saturday, and during the two succeeding days there was a state of extreme exhaustion, — and still a sense of load at the chest, and pain of the side.

On the Tuesday the countenance was observed sometimes to flush to a deep scarlet, and then to become quite pallid, and a profuse perspiration frequently ran down the face; the pulse was extremely frequent, and the pain severe on coughing; there was no delirium, though she awoke hurried from sleeps which she described as 'just like death.'

During the four following days there was little obvious change; distressing faintings usually came on about two or three o'clock P. M. On the Sunday she became drowsy, and evidently more sinking; this state continued to increase, and she died in the evening of the succeeding day.

The following case presents an example of the fatal event supervening immediately on the use of the lancet.

Mrs. —— was of a pale and sallow complexion and weakly constitution. Six days before her confinement of her first child, she was awoke in the night by severe pain of the head confined to one spot. This pain continued several hours, when Mrs. —— applied to her accoucheur; she was completely relieved by losing sixteen ounces of

blood followed by purgative medicine, and she continued well.

Mrs. ——'s labour occurred on September the 1st, 1817, and was rather tedious, but natural, and she had no complaint until the second day, when she experienced a second attack of pain in the head, but less violent than the previous one. She was seen six hours after this attack; she then complained of pain and beating of the head, about the anterior part of the right parietal bone; the skin was hot, and the pulse frequent and strong. — Sixteen ounces of blood were taken from the arm, leeches ordered to be applied to the temples, and an enema and purgative medicine were prescribed.

In three hours' time Mrs. —— was again visited, and it was deemed necessary to abstract more blood. — Six or eight ounces were therefore taken; — faintishness was induced, — and the symptoms were little abated.

On the succeeding morning, September the 4th, the symptoms still remained the same; the surface was hot; the bowels had been purged, and the evacuations were natural. — The saline mixture was ordered. — At noon the symptoms

remaining as before, the purgative medicine was repeated and a blister was applied. — In the evening, the evacuation of the bowels was satisfactory; the pain of the head was not severe, but there were much beating and a rushing noise; there was restlessness; and a teasing, irritative cough. — A draught with thirty drops of the tinctura opii was administered.

The next morning, September the 5th, Mrs. —— expressed herself as being much better from having enjoyed comfortable sleep. The surface was still hot, and the head still affected as before. In the evening, there was a degree of tenderness in the region of the uterus; she dreaded the idea of being bled, from the faintishness she had before experienced from it, and said it would certainly kill her.

On the morning of the 6th, the pain in the region of the uterus was relieved, the head was affected as before, the window was kept open for want of air. In the evening Mrs. —— complained of being faint and low. A mixture with camphor and sulphuric æther was prescribed.

On the 7th, the irritative cough again occur-

red; the pulse was frequent, from 120 to 130; and the other symptoms remained unabated. A physician was consulted. Sixteen ounces of blood were directed to be taken from the arm; a grain of calomel was given every three hours, and the effervescing medicine was ordered.

On the morning of the 8th, Mrs. —— appeared to be relieved in every respect; the heat of surface and the pain of the head were diminished; the blood presented the buffy coat. It was thought proper to abstract more blood, as the last bleeding had apparently conferred benefit, and had been borne better than the preceding ones. Four tea-cupfuls of blood were taken; the most dreadful fainting followed, with gasping, open mouth, and a convulsive action of the diaphragm, and in an hour or two death closed the scene.

In the third case which I adduce here, the fatal event was equally sudden.

Mrs. ——, aged 33, weakly, was confined of her sixth child, after an easy labour, without flooding, at midnight on the 20th July, 1818. During the ensuing day all was well. The lochia were natural; there was no alvine evacuation,

but the bowels had been open during pregnancy, and twice evacuated during labour.

On the morning of the 22d, Mrs. —— took half an ounce of the oleum ricini; and at four in the afternoon this medicine was repeated, the first dose having produced no effect; this, however, induced violent purging, occasioned great fatigue, and caused the patient to complain much. At ten o'clock in the evening, Mrs. —— was seized with rigor, which was violent and continued more than an hour; this was followed by great heat of skin, with wakefulness, restlessness, anxiety, sighing, and moaning.

At ten on the succeeding morning there were great heat of skin, and pain at the bottom of the back. Four teacupfuls of blood were taken from the arm. The symptoms still continued, and at seven in the evening, three teacupfuls of blood, and at eleven three more, were taken from the arm, and twenty leeches were applied to the region of the uterus for the increased pain. The pain still continued to increase, with restlessness, sighing, faintishness, constant necessity for the smelling bottle, and apprehension of impending dissolution.

Afterwards the symptoms being unabated, a physician was consulted. — About three o'clock, three teacupfuls of blood were again taken from the arm, and leeches again ordered to be applied; an enema was given, which evacuated a quantity of fæces quite unexpected.— In a short time Mrs. —— became cold, and the surface clammy, with fainting, gasping, breathing, &c. and all was done to restore warmth. After an interval of three hours the pain was still great. Some opening medicine was prescribed. But the state of sinking continued, — the smelling bottle, the fan, and fresh air were urgently called for. All the symptoms, except the pain, were aggravated, there were gasping, a slight convulsive struggle, another, and the patient expired.

In this case it will be observed, that the pain remained unabated, even after the last fatal blood-letting. I have reason to regard this, as denoting not an inflammatory origin of the pain, but the presence of morbid alvine contents.

I give the last of these cases without comment. For I should be sorry to diminish the impression which it is calculated to make upon

the mind, by any observations; and I am persuaded, that no addition can add force to the plain and simple detail of its fatal issue.

Mrs. ——, aged 35, was confined on the 5th of December, 1818, at midnight, of her eighth child. She was delicate, but in good health, and the bowels were regular. The labour was favourable, but during the first six and thirty hours, lingering; the after pains and lochia were natural.

Mrs. —— appeared well on the 6th, and had had a good night; but she complained somewhat of the noise in the house, saying that it hurried and disturbed her.

On the morning of the seventh, she took an opening draught. This induced two unsatisfactory evacuations, with great and continued nausea without vomiting; for this nausea she was ordered a cordial draught. Soon after taking the draught, Mrs. —— was seized with shivering. About eight hours after this, she was found complaining of pain in the region of the uterus. Three teacupfuls of blood were taken about seven o'clock in the evening, and about half after nine four more; fomentations, &c.

were used in the interval. During the night, Mrs. —— was extremely restless, tossing about, wakeful, or with a little dosing, some delirium, and hurry and starting on awaking; there were dimness of sight; cold clammy perspiration and great coldness of her feet; sighing breathing and moaning, fainting, and the necessity for being fanned. There were ten motions during the night.

The next morning Mrs. —— was again, as it were by infatuation, bled to three teacupfuls. This measure was followed by paleness, coldness, cold clammy perspiration, gasping, sighing breathing, and restlessness. A physician was consulted. The pains and tenderness had subsided; but the patient remained in a state of great lowness. Mrs. —— was again visited in the evening, and wine whey, &c. were prescribed. In the night Mrs. —— dosed, and awoke alarmed; all at once the eyes became fixed, with gasping and sighing, and she expired.

I would merely add, that such disastrous events could not have occurred, had the safe, and simple, and efficacious rules which have been laid down *, for the use of the lancet, been implicitly adopted.

* See p. 286.

CHAPTER IX.

OF EPIDEMIC PUERPERAL FEVER; AND OF SOME LOCAL AFFECTIONS.

I SHALL do no more than enumerate the subjects to which I refer in the title of this chapter. For it would occupy too much space, for the limits of the present work, to treat of them fully.

Of epidemic puerperal fever I have only to observe that, I think, in every account which has been published of it, different puerperal diseases have been blended together; and especially that, amongst the real cases of epidemic puerperal fever, sporadic cases of peritonitis, of intestinal irritation, and of loss of blood, have been given.

The great questions of contagion, of the influence of the state of the atmosphere, of the pathology, and of the treatment, still remain, not satisfactorily determined.

The local affections to which I have alluded, are erysipelas, gangrene, purpura, inflammation of the vein, destructive ophthalmia, suppurative inflammation of the cellular substance, &c.

Of erysipelas, and gangrene, and purpura, some account will be found in every treatise upon puerperal fever. It has been mentioned that the case detailed p. 205. terminated by inflammation of the vein. Of the destructive ophthalmia, and diffuse inflammation and suppuration of the integuments, I have published a detailed account in the Transactions of the Medico-Chirurgical Society, volume xiii. p. 189.

My only object in noticing these morbid local affections, at present, is to propose them as subjects for renewed inquiry, especially in regard to their causes, pathology, and mode of treatment. The state of the atmosphere appears to have a great influence in inducing these affections; but the condition of the general health is, doubtless, their more immediate cause.

CHAPTER X.

OF THE EFFECT OF PREVIOUS DISORDER OF THE GENERAL HEALTH, UPON THE STATE OF THE PATIENT AFTER DELIVERY.

THIS is a most important and interesting question, and it has two bearings: the first, upon the parent herself, the second, through the medium of the milk, upon the infant. I chiefly allude, in this place, to those forms of disorder of the general health of which I have attempted a description, in the first part of this volume.

Such a state of disorder, especially if long continued, and attended by much pallor or pale icterode hue, involves in itself a state approaching to that of loss of blood; and it has been sufficiently shown, that this form of general disorder itself depends upon a deranged state of the functions of the intestinal canal and of the other digestive organs; so that it is obvious that such a condition, before confinement, predisposes to the effects of intestinal irritation, and of exhaustion.

I need not remark how important it is, in such cases, to devote an especial attention to the restoration of a healthy state of the system. The state of the bowels should be watched daily, a mild but invigorating diet should be enjoined, and the tonic effect of gentle exercise in the open air, should be secured during the whole period of pregnancy, — for conception is not generally prevented by this state of disorder of the general health.

In extreme cases, the bowels become exceedingly loaded, and there is a state of the system approaching to bloodlessness. In neglected cases of this description, death has quickly and unexpectedly ensued from a far less shock than that of parturition. In other cases a series of painful symptoms has ensued which have perhaps exhausted the patient finally, though more slowly; of this, the following is a most interesting example.

Mrs. ——, aged 28, had long had all the symptoms of disorder of the general health, with a pale icterode hue of the complexion. For some time before her confinement, she suffered from aphthæ, with irritability of the stomach and

bowels, and there was some œdema of the ankles and of the face.

After delivery there was a considerable flow of lochia; the tendency to diarrhœa continued, with light yellow fœtid stools; and the pulse was frequent. The countenance was extremely pale; and there were great pain of the head, fluttering, and tendency to faintishness.

Soon after delivery, the aphthæ, which had somewhat disappeared, were again observed on the inner part of the under lip, in the form of vesicles clustered together, and one or two were situated on the tongue, which was clean and pallid. The face was pale, the prolabia exanguious; there was repeated bleeding from the nose, the blood becoming pale and aqueous; there was frequent pain of the head; the pulse was frequent,—often 110; the bowels loose. She was much relieved by taking the tinctura opii, pure opium, the pilula hydrargyri, &c.

On the 24th of May, 1819, twenty days after delivery, and after a gradual amendment for a fortnight, she experienced in the night, a fit of palpitation of the heart, which, however, soon went off.

On the 26th, Mrs. —— had taken a little mutton, and her room was particularly close; under these circumstances she became affected with great anxiety and agitation, an overwhelming internal feeling not to be described, and tendency to fainting, all increased on attempting to be moved; the pulse was small, and 156; the heart, carotids, and indeed, the head, chest, and bed-clothes, were affected with throbbing and palpitation. Thirty drops of the tinctura opii were given, and repeated with great relief.

The next day, the 27th, the pulse continued at 132, and the movement of the heart, carotids, head, chest, and bed-clothes, was still great; the pulse was fuller, the general expression and feelings more tranquil. There had been some sleep; but on awaking, there was a temporary confusion of mind. The bowels had been gently moved by the Rochelle salt.

On May the 30th, the symptoms remained nearly the same. The pulse 140; the beating of the carotids still visible; the palpitation greatly increased, and faintishness induced on moving. The countenance was pale, and rather tumid; the tongue and teeth appeared as if be-

smeared with syrup, and the breath had the odour of new milk; the bowels were confined; the urine plentiful. No tenderness of the abdomen, cough, or head-ach, or tendency to complain.

May the 31st. A mild purgative and an enema were administered yesterday, and evacuated large portions of hardened fæces, after which a draught with thirty drops of tinctura opii was given. The pulse fell to 100; and all the symptoms were mitigated. In the evening the pulse was about 104; there was still a little throbbing of the head, but the palpitation and beating of the carotids, were much diminished; the bowels unmoved to-day; urine plentiful; fluunt catamenia. No pain or tenderness of the abdomen.

June the 3d. Since the last report, there have been repeated attacks of sickness and vomiting, with more throbbing of the head, carotids, and heart; and the alvine evacuation has been occasionally costive. To day, the countenance is pallid, and more swollen with œdema; there is throbbing at the occiput, with pain, and beating of the heart and carotids; a degree of labour in

the breathing, and cough; tenderness of the epigastrium, sickness, and constipation. The manner appears rather changed; speaking requires greater effort; there are greater hurry and exhaustion; and greater repugnance to food and medicine.

June the 7th. Since the 3d, the principal symptoms have been sickness and vomiting, medicine having been quite rejected, and sometimes food. There have been once or twice deep breathing, and a sort of blowing, apparently implying a sense of want of air; there is an occasional hacking cough; some throbbing of the head; the pulse has been from 100 to 110. The countenance is pale, but the lips have a little more colour. There is much loss of flesh. The bowels have been kept open; the appetite is better. There has been good sleep.

June the 8th. The countenance is much as before; there is less throbbing in the head; no delirium; pulse 108 and rather irregular; some sighing and deep breathing, — hacking cough, — sickness and vomiting; some tenderness of

the right hypochondrium, and beating of the abdominal aorta.

June the 9th. Less throbbing of the head; pulse 116; much pulsation over the aorta; the sickness has recurred several times.

June the 10th. This evening there is increased sickness, with dyspnœa, consisting of deep, sighing breathing; pulse 120; the throbbing, palpitation, and pulsation of the abdominal aorta, are less; no cough noticed; the sickness continues; the bowels open twice.

June the 11th. The deep breathing has been very urgent. The nose is cold and livid; the lips dry; the eyes deathly; the pulse 100 and feeble. Mrs. —— expired on the 12th about 2 P. M.

On examination, on the 13th at noon, three or four ounces of water were found in each cavity of the pleura, and one ounce in the pericardium. In every other respect, the thoracic and abdominal viscera, were most healthy. The heart, the stomach, the bowels, and the liver, were free from the slightest appearance of disease. The uterus was collapsed to its natural size.

This case may be taken, instar omnium. In many others, such an event has been prevented by a timely and appropriate attention to restore the general health.

It may happen that the patient was not known to the physician before the period of her confinement. It will then be found important to have studied the external characters of disorder of the general health, as they are given in the first part of this work, and especially the appearances of the complexion, and of the tongue, pourtrayed in Plates IV. V. VII. II. and III., the state of the alvine evacuations, &c.; and much will, of course, be ascertained by a careful inquiry into the history of the case.

It is of the utmost importance to conjoin aperients with a cordial and nutritious kind of diet. For I am persuaded that the strength is far more apt to fail in these cases, than is generally imagined, and especially in that variety which is attended by extreme pallor, which, in fact, denotes a state approaching to bloodlessness and exhaustion.

The next point to be mentioned, is the influence of a morbid condition of the general health, upon the secretion of the milk, and upon the health of the infant. It has frequently occurred to me to lament that patients have given up all hope of ever being allowed to nurse, from the sad consequences produced upon the infant. This circumstance generally depends upon disorder of the general health of a protracted kind; and it is obviated by proper and persevering efforts to restore the functions to their natural state.

It may be necessary for the infant to be fed, or to have another nurse, if these precautions were not enforced before the approach of confinement; for time is required to subdue the disorder, and change the secretions. But if there be space for effecting the due changes, the plans which have been already recommended for restoring the general health of the parent, will always succeed in enabling her to nurse without disordering her infant.

END OF PART SECOND.

PART THIRD.

OF THE DISORDERS INCIDENT TO THE LATER PERIODS OF FEMALE LIFE.

PART THIRD.

OF THE DISORDERS INCIDENT TO THE LATER PERIODS OF FEMALE LIFE.

CHAPTER I.

OF THE DISORDERS INCIDENT TO THE MIDDLE AND LATER PERIODS OF FEMALE LIFE, IN GENERAL.

In order to understand the disorders of the middle and later periods of female life, it is absolutely necessary to have observed those of female youth, and of the puerperal state. Physicians have been too apt to imagine, on being called to a patient, that the attack, or disease, is of recent origin and date merely, when, in fact, it has frequently originated in a disorder experienced many years before, and only

apparently, and but partially, removed; or in some preceding puerperal malady, from which the patient has never fully recovered.

I have already observed (p. 44.), even in regard to the disorders of female youth, that they may, by the appearances of the complexion, and especially of the tongue, frequently be traced back to a rather remote period; this is still more remarkably true of the disorders of the middle and later periods of female life. For they are not only themselves frequently of long duration, but frequently also originate in a state of disorder which had affected the patient long before.

The disorders which are incident to these periods of female life may, therefore, be referred to similar disorders existing during youth, to some morbid affection experienced during the period of child-bearing, or to similar disorders occurring later in life; to these, must be added those disorders which occur at the period of the cessation of the catamenia, and in the decline of the vital powers in old age.

It may then be observed, in the first place, that those disorders of the general health which have been described in the first part of this

volume, although they may be removed for a time, leave in the system a tendency to the formation of a similar morbid affection, less marked in form and degree, perhaps, in the later periods of life. Such a disorder is to be traced, not only in the appearances of the complexion and tongue, but in various affections of the head, heart, side, bowels, and uterus.

Similar remarks may be made of the occurrences which may have taken place during the period of child-bearing. The general health and strength are frequently left in a shattered state, and the patient remains the subject of symptoms and disorders, which result from intestinal derangements, or from exhaustion. This state of general disorder not unfrequently presents the appearance of a modified chlorosis, or of an affection comprising some of the states of complexion, and of the general surface, described in the third, fourth, and fifth chapters of the first part of this work, and pourtrayed especially in Plates II. IV. V. and VII. With these appearances are conjoined, as in almost every case of disorder of the general health, various

affections of the head, and heart, and of the functions of the intestines and uterus.

There are two circumstances which add further peculiarities to these affections of the general health, in the later periods of female life. The first is, at once an augmented capacity and torpor of the large intestines, in consequence of which they are, more than before, apt to become the seat of accumulated fæcal matters. The second is a greater danger, in neglected cases, of attacks of organic affection of several important viscera.

Besides the two circumstances just mentioned, which obtain very generally, we frequently find other effects of a protracted state of disorder of the general health, observed in derangements of the catamenial functions of the uterus. These derangements chiefly assume the form of menorrhagia, and of leucorrhœa.

It is also principally to a state of disorder of the general health, that the derangements which occur in the appearance of the uterine discharges, and the consequent further derangements of the health, which occur at the period of the cessation of the catamenia, are to be ascribed.

Such is the state of things which obtains at the first climacteric period of female life, and upon which the attention of the physician must be fixed in regard to its diseases. It is at this very period, I believe, that the danger of apoplectic affection of the head, and of scirrhous affections of the uterus or mammæ, principally exists; and the prevention of these terrible diseases depends upon a careful and continued watching over the state of the general health, taking this term in its most extensive sense. For it is not sufficient to refer this state of derangement of the health to the stomach merely; it is important to take into the consideration, at once, the state of the intestinal tube, of the uterine system, of the vital powers, and, in a word, of the health of the whole, and of every part of the frame.

The next climacteric period is that which has been termed the decline of life. This state has been admirably described by Sir Henry Halford, who has the merit of having called the attention of the profession to this and some other examples of the state of sinking of the vital

powers.* I am enabled to state, that even in this case, the process of sinking may be arrested by a watchful attention to the general health, and that life may not only be rendered more comfortable, and less helpless, but that it may, also, humanly speaking, be long protracted. When the season and other circumstances are favourable, this morbid state is often arrested, and the patient, for some time, enjoys a state of health which is free from suffering, and even from extreme weakness. In this state of climacteric disease there is again danger of apoplexy, and, amidst other affections, there are frequently a clogged state of the bronchia, an impacted and flatulent condition of the intestinal canal, and retention of urine.

* Transactions of the College of Physicians, vol. iv. p. 316. and vol. vi. p. 198.

CHAPTER II.

OF DISORDER OF THE GENERAL HEALTH.

There is not one of the disorders of the general health, described in the first part of this work as incident to female youth, which may not occur in the middle or later periods of female life. I have seen the acute form, and the chlorotic form, of this disorder, most distinctly marked at this period; and yet it is far more usual to find the disorders of the middle age strongly modified by the changed condition of the constitution, which has been gradually effected during the lapse of, perhaps, twenty years.

Not only are the appearances of general disorder modified, but tendencies to disease of certain organs have supervened. This remark applies chiefly to the head, to the liver, and to the uterus and mammæ; but also to every organ of the human frame.

In describing these modifications of disorder of the general health, in the later periods of female life, I shall have constant occasion to refer to the plates which have been fully described in the former part of this volume; and in doing so it will be necessary continually to point out the modifications of appearances which have been superinduced. I adopt this plan rather than surcharge the work with other plates, which it was my first intention to have added.

I am disposed to think that the morbid states of the complexion, in disorder of the general health, in the later periods of female life, are less marked and distinct than in youth. I have especially frequently observed a varied conjunction of the complexions pourtrayed in Plates IV. V. and VII.; and have also very frequently observed a form of complexion different from any of these, and for which I can find no other epithet than that of 'squalid:' it is very distinct, and will be at once recognised when it has been once observed. When the acute form of disorder of the general health occurs in the later periods of life, it is attended by its wonted appearances of the complexion.

But the condition of the tongue is, if possible, still more characteristic than the appearances of the complexion. Physicians have, I think, been too long led by the appearance of cleanness of the tongue, to conclude that there was no derangement of the digestive organs. Except in cases of acute disorder of the general health, the tongue has, in most instances, become clean, from the separation, gradual or sudden, of its load. It, however, possesses the other characteristics of the tongue, already described, and especially as pourtrayed in Plate II. in a more marked degree even than those represented Figure 6. The tongue is, in fact, sometimes smooth and clean, sometimes with enlarged papillæ, sometimes affected with lobules and deep sulci, which admit of being separated and expanded, in a most remarkable manner, by the two fingers pressing upon its surface, and drawing it in contrary directions. In some instances the tongue, cheeks, and gums are liable to be affected by aphthæ, either of the solitary or of the diffused kind.

I should observe that I have frequently seen a conjunction of the pallid complexion with the

icterode hue, and with slight pallor of the prolabia and of the tongue, which have had, in a slight degree, the appearances pourtrayed, Plate III. Figure 9. In other instances there is the icterode hue with the dark ring occupying the eye-lids, in the most marked form; and with these the prolabia and tongue are, in general, not pallid.

The general surface is frequently dry and exfoliating, and the nails are not unfrequently brittle and cracked, and, in a word, affected in the manner represented, Plate VIII. Figure 15.

With these appearances of the complexion, tongue, and general surface, and with the state of the intestinal canal which they indicate, there are frequently many symptoms of affection of the head, and especially head-ach and vertigo. These symptoms cannot be said to be destitute of danger even in youth; but in the later periods of life, of which we are now treating, they are incomparably more dangerous. It is at these periods that apoplexy and paralysis are so apt to occur, a remark which is quite sufficient to demonstrate the paramount importance of sedulous watchfulness in cases of

disorder of the general health, in these circumstances. Safety consists in the duly evacuated state of the bowels, and in guarding the general system against either plethora, or exhaustion.

The heart is not less apt to be affected than the head; but there is, according to my observation, far less danger in this case than in the former. I think the textures of the heart seldom take on diseased action and structure, from disorder of the general health, at this period of life, how much soever its muscular function may be perverted.

This remark does not apply to the liver. With the lobulated tongue, I have frequently observed enlargement of this viscus; indeed, so frequently, that I never see this character of the tongue, without examining the condition of the right hypochondrium. I do not say that the liver is always enlarged with this appearance of the tongue; but I can affirm, that if the physician is led, by this state of the tongue, invariably to examine the hepatic region, he will sometimes detect an enlargement of the liver, which had been to that moment, perhaps, overlooked. It may be difficult to explain this phe-

nomenon; but it is not less so to explain the tumefaction of the tongue itself, from disorder of the general health; and we know that this disorder is not unfrequently attended by icterus. All these phenomena may, perhaps, be satisfactorily ascribed to the influence of a long-continued loaded condition of the large intestines.

The intestinal canal is, at least, always liable to become impacted with scybalous and otherwise disordered fæces. This is frequently made obvious, to the surprise of the patient perhaps, by the exhibition of the warm water injection. Nor is this loaded state of the bowels at all incompatible with a state of diarrhœa; the irritation of hard and morbid fæces frequently, indeed, induces fluid discharges. There is also, in many instances, much flatus, and consequent distension of the bowels; and, in some, there are discharges of blood. In one patient there were repeated attacks of hæmatemesis.

Another consequence of a loaded condition of the large intestine, is hæmorrhoids. These are apt to be exasperated at each return of the catamenial period, and to induce, in their turn, vagi-

nal discharges. This affection is often increased by the improper exhibition of purgative medicines. It is much relieved by the warm water injection.

With this state of disorder of the general health, the catamenial function participates, and the returns, flow, quantity, and colour of this discharge are variously deranged: most frequently the discharge is scanty, and dark coloured, and endures but for a day or two; sometimes it is preceded and attended by pain; sometimes it is in excess; sometimes there is much leucorrhœa.

The question is, perhaps, anxiously asked, whether these changes denote the final cessation of the catamenia. No reply can be given, if the general health be greatly deranged. And it is of no consequence; for in every case, our objects are simply, to restore the general health, and to promote the return of the discharge.

In these two points, indeed, the treatment of the change of life, as it is termed, consists. And when we recall to mind, the numerous instances of scirrhus of the uterus or mamma, which form at this period of life, we cannot be impressed too

strongly with the importance of attention to this subject.

The existence of this disorder does not appear to prevent conception; but it often renders the patient incapable of bearing the drain of lactation, or of furnishing milk of a healthy quality.

I have noticed (p. 68.) a peculiar form of dropsy arising out of disorder of the general health. I have frequently had occasion to observe this in the later periods of female life.

I purpose now to illustrate this morbid affection by a few short cases, and shall then proceed to the mode of treatment.

Mrs. ——, aged 43, consulted me in the month of January. There were four remarkable circumstances in this lady's case: the state of the complexion, prolabium, and tongue; the state of the bowels; an affection of the head; and an affection of the heart.

The complexion was distinctly icterode, with slight paleness; the prolabium and tongue were as obviously more pallid than natural; and the tongue was slightly indented and sulcated, and, for the most part, clean. The affection of the

head consisted in attacks of head-ach and vertigo; and it alternated with palpitation or fluttering, or irregular or suspended action of the heart. This affection of the heart was attended by the utmost alarm. Mrs. —— would sit up in bed, expecting every moment that the affection would terminate in dissolution; nothing could exceed the alarm of Mrs. —— and her husband on these occasions. The bowels had been allowed to remain in the most unnatural state; they were positively confined for three successive days, and on the fourth a drastic medicine was required, and taken so as to produce a full effect; so that it would be difficult to say whether the previous constipation, or the active operation of the medicine, necessarily attended, as it must be, by exhaustion, was the more injurious of the two; from both, a disposition to flatulency was created, which was extremely distressing.

On making distinct inquiries into the history of this case, it was found that a state of chlorosis had obtained in early youth; the constipated state of bowels had existed many years; the attack of affection of the head and heart had also long existed; and the patient was in despair

of obtaining relief. The catamenia were said to be natural.

All the difficulty in relieving the bowels was overcome by the use, every third, or every second and third day, of an injection of two pints and a half of warm water. The mildest medicine, as a draught consisting of infusion and tincture of rhubarb, with manna, would then operate, and sometimes the bowels would be moved spontaneously; formerly, the day of taking her medicine was always one of necessary seclusion from her friends, but now the bowels were moved without inducing the slightest feeling of weakness or indisposition.

To this plan were conjoined, a light but nutritive diet, a very little meat being directed to be taken three times a day,—pills containing small doses of the sulphate of iron and of the sulphate of quinine, with extractum hyoscyami, and a regular system of exercise, in the open air.

Mrs. ——, aged 45, was affected with disorder of the general health, characterized by a ring of deep darkness round the eye-lids, and a little icterode hue of the complexion, united with a full colour of the face and prolabia. There were many of the symptoms which usually

occur in this affection, but Mrs. —— had chiefly suffered from attacks of violent pain of the head, accompanied by a sense of constriction in the neck. For this pain, blood-letting, leeches, and a seton had been recommended by various practitioners, but in vain.

This pain had continued to recur for many years, inducing the fear of some attack of an apoplectic nature. It yielded, at length, to a persevering use of efficient purgative medicines. During the progress of the treatment, the pain was apt to be reproduced, like all the complications of disorder of the general health, by various causes, as mental anxiety, the fatigue of company, &c., with, or alternating with, vertigo; there were sometimes pain of the stomach, and sometimes a flow of tears.

That I may not unnecessarily increase the size of this work, I shall only add two cases more, in this place, illustrative of the occurrence of melæna, and of anasarca, in disorder of the general health, to which I have alluded above.

Mrs. ——, aged 40, and mother of a family, had been seriously indisposed for some weeks,

when I was consulted; during part of this time she had been confined to her bed, and she had become extremely weak, and had lost much flesh. The principal symptoms had been great irregularity and intermission of the pulse, with a severe sense of fluttering in the chest, which had led to the suspicion of disease of the heart, and there had been diarrhœa, and melæna.

On inquiry, I soon learnt that this affection was of no recent formation, and that Mrs. —— had been insidiously losing her complexion, flesh, and appearance of health, for four or five years, and that she had repeatedly experienced an irregularity in the action of the heart, and observed the appearance of blood in the alvine evacuations.

The countenance was pale, and the complexion icterode; the prolabia and gums pale; the tongue formed into lobules; the hands and general surface pale and dry. There was some affection of the head; and a degree of hurry in the respiration, with slight cough.

This affection was soon relieved by mild doses of calomel, and gentle purgatives; and the general health and the complexion were greatly im-

proved by a continuance of the same plan, under proper regulations, and with a strict attention to diet, air, and exercise.

Mrs. ——, aged 48, began to lose her complexion and health ten years ago. She suffered at first from constipation of the bowels, dull pain of the head, pain of the left side, palpitation of the heart, nausea, and sickness, and some difficulty in micturition.

At the time I was consulted, I made the following report. Mrs. —— has lost all of a good complexion, the countenance being now affected with a variable sallowness and icterode hue, but the tunicæ conjunctivæ remaining untinged; both eyelids are affected with a puffy swelling, and with a yellow black hue. The lips and gums are pale. The mouth is clammy; the tongue loaded at the back part, but less so towards the point, indented at its sides, and somewhat affected with swelling. The skin is always free from perspiration, and morbidly dry; on the hands it is yellowish, opaque, and somewhat puffy; the nails have become brittle, and break on the slightest occasion; the ankles swell towards evening. There are head-ach; susceptibility to

hurry and fluttering; and palpitation of the heart. There are sometimes fits of violent coughing, which continue for half an hour, sometimes with retching, but without expectoration. There is no dyspnœa. The pulse is generally 96. The catamenia are regular in their periods, but without colour, and scanty; at each successive period the colour and quantity diminish, and the flow is attended with increased nervousness. There is no dysury now, but the urine is scanty. The appetite is various; she is fond of chewing tea-leaves; the bowels are constipated.

Purgatives, with calomel, rhubarb, and aloes, were prescribed, and five weeks after the former report, the following note was made. The complexion is greatly restored; the hands are become moist; some flesh has been gained; and all the complaints are relieved.

The medicines were continued. In three months afterwards, it was observed, that Mrs. ——'s complaint had varied, being better and worse, but that they had become aggravated upon the whole, and especially recently. The paleness of the countenance was augmented, though there was less of the icterode hue; and there

was much œdema, and even anasarca; the pulse was more frequent, being about 108; the tongue was pale, white, swollen, and indented; the catamenia continued to appear regularly, but were colourless.

I am now persuaded, that all this aggravation of Mrs. ——'s disorder, was owing to the undue continuance of purgative medicines. For, on adopting milder measures of the same kind, she recovered completely, and even quickly, and permanently. This was, indeed, the first case which taught me the necessity of conjoining slight cordials with an aperient of the mildest character, insuring its action by other measures.

The same principles are to guide us in the treatment of this affection, in the later periods of life, as in youth. But there are peculiar reasons why we should be more than ever anxious to secure an evacuated state of the bowels, in the first instance, and to guard against the use of too active and too constant purgative medicines, in the second.

In the first place, I think the patient cannot be pronounced to be out of danger from

apoplexy or paralysis, unless the bowels be unloaded. In the second place, too continual and incautious action upon the bowels endangers the patient, by exposing her to an attack of paralysis, from exhaustion, but especially to the supervention of dropsy.

The true principle of treatment, in this affection, is to preserve the bowels free from load; and, at the same time, to supply the stomach with mild nutritious food; and to adopt every measure to invigorate the general health and the system at large, — especially free exposure to the open air, with much gentle exercise, and still more especially, sea-breezes and sea-bathing.

In some cases, not the least important part of the treatment consists in subduing the apprehensions of the patient. This is particularly necessary in cases of palpitation, fluttering, and irregular action of the heart. I know of no effectual means of preventing or of subduing these attacks; they continually recur during the gradual recovery of the patient's health and strength, and then, and then alone, cease. During this interval, therefore, it is necessary to appease the patient's mind; and this is, I

think, best done by repeatedly reminding her that such attacks invariably do take place, in this morbid affection, even during the general recovery, and by assuring her again and again of their total freedom from all danger. It is happy that we can do this with the utmost truth. I have never yet known an instance of fatal termination of this affection, except when there has been some shock or fresh source of exhaustion, as in the case alluded to, p. 300., and in the case amply detailed, pp. 300—305.

CHAPTER III.

OF THE MORBID EFFECTS OF UNDUE SUCKLING.

The morbid effects of undue lactation only constitute another form of exhaustion, upon which so much has already been said in this work.

The first of these effects is general debility of the whole system. There is soon a defective state of sanguification and nutrition, and of the nervous powers, inducing paleness, thinness, and nervousness. The stomach soon becomes enfeebled, and unable to bear the necessary food; the bowels become constipated, flatulent, and apt to be affected with diarrhœa.

As farther consequences, the head, the heart, and the lungs suffer, and there are various morbid affections of these organs.

Amongst the first effects of undue lactation, as I have just observed, is a deranged state of the stomach and bowels, — the former being easily oppressed by food, and the latter, costive

or irritable. With this derangement of the alimentary canal there are general weakness, paleness, and sallowness of the countenance, some loss of flesh, and, generally, a pain of the left side, just below the cartilages of the false ribs. Shortly afterwards the head is apt to become affected with aching, or vertigo; there are frequently cough, palpitation, nervousness, and, at length, œdema of the feet, and, perhaps, of the face. With these symptoms there are sometimes chills, succeeded by feverishness, and the pulse becomes accelerated.

In this state of things, the patient is apt to try to support her strength by a generous diet and wine. This, however, is a vain thing. For the tone of the stomach is already enfeebled, and this organ is therefore altogether incapable of bearing the increased burthen thus put upon it; and the wine only induces feverishness, or, at best, a false and temporary appearance of strength. Besides, this oppressed state of the stomach, together with the disordered, and perhaps constipated state of the bowels, is very apt to induce severe pain and affection of the head, to which the state of lowness would also appear

to constitute a predisposition. There is, however, this difference, I think, between the affection of the head arising purely from a disordered or loaded state of the stomach or bowels, and from exhaustion; in the former there is more pain, throbbing, and intolerance of light; in the latter a sense of pressure, vertigo, or confusion of ideas, with less throbbing, and these are apt to alternate with faintness.

The affection of the head occurs, I think, at an earlier period in the effects of undue lactation, than the affection of the chest. This latter comes on also more slowly. It is characterized by shortness of breath, and a dry cough, with paleness, emaciation, incapability of exertion, general nervousness, and it is usually attended with leucorrhœa, which is often profuse, and with some œdema of the ankles.

Undue lactation is not necessarily protracted lactation. Sometimes the patient does not recover her strength after her confinement, from the exhausting influence of suckling. Many are incapable of nursing longer than three or four months, when the symptoms of undue lactation begin to show themselves.

In regard to the nature of the effects of undue lactation, the following conclusions appear to me to be deducible from the various observations which I have made upon the subject.

I have already noticed, that among the first effects is a disordered state of the alimentary canal. This appears to consist in loss of tone or power. Thus the stomach is easily loaded or oppressed by food, and the bowels do not yield to the stimulus of their contents, and therefore become disordered, flatulent, constipated, and loaded, a state which may lead to, or alternate with, diarrhœa.

The effects of this state of the bowels are frequently experienced in the affection of the head, combining pain, vertigo, or a sense of weight, with intolerance of light, perhaps, but more frequently of sound. This affection of the head is most effectually relieved, — not by blood-letting, — not by active purgatives, — not by abstinence, — but by carefully correcting the disorder, and regulating the evacuations, of the stomach and bowels, whilst we enjoin a mild diet administered frequently, great quiet, and

the strictest exemption from fatigue, hurry, or disturbance.

From all this it would appear that this affection does not consist in mere fulness of the blood-vessels of the brain; it is, however, more than probable that the due balance of the circulation is not preserved in the arterial and venous systems; and it has already been observed, in this work, that a state of general exhaustion is not incompatible with congestion of the brain. Leeches and cupping, cold lotions to the head, and blisters to the nape of the neck, are, therefore, often of the greatest service; only they must be employed with a due regard to the exhausted state of the system at large.

When the head is affected more by the state of exhaustion than by the disordered condition of the alimentary canal, the symptoms are vertigo, a sense of pressure, and occasional faintishness, rather than throbbing, and intolerance of light; and in the more protracted cases, the chest is frequently more affected than the head. It is important to repeat, that even in this case, the state of the circulation within the head is so

far deranged, that paralysis has occurred during the state of exhaustion, as apoplexy has occurred in the exhaustion from loss of blood; and it has already been observed that undue lactation sometimes leads to mania.

That the affection of the head, ascribed to the influence of a loaded state of the stomach and bowels, with exhaustion, does, indeed, depend upon that cause, is proved, I think, by the mode of treatment usually found to be most efficacious, but especially by the fact that such a state of affection of the head is sometimes immediately produced on the patient's taking indigestible food. In one case the attack was almost instantly produced by eating pork; and many such facts must be known to every experienced physician.

The pain of the side also depends, I think, upon the state of the contents of the large intestines. It is usually felt in the left side, just under the false ribs, though it is occasionally seated on the opposite side, about the same region. It is one of the earliest symptoms of the effects of undue lactation, as well as of disorder of the general health from other causes.

At a later period it is apt to be conjoined with cough, breathlessness, thinness, feebleness, hectic, and other symptoms of consumption.

The case of undue lactation, if neglected altogether, further issues in a state characterized by an impaired condition of the functions of the whole nervous and secretory systems. The bronchia become affected with an increased secretion of mucus, and the intestinal tube, with flatus. There is a general tendency to dropsical effusion; — I think this may take place into the ventricles, upon the surface of the brain, and into the cellular substance of the lungs, as well as from the serous membranes, and into the cellular membrane, generally. There is at the same time a disordered secretion from the internal surface of the uterus, so that the catamenia are pale and discoloured, and there is often leucorrhœa.

It is not my present intention to multiply the cases of this morbid affection. But the following instances of it are so characteristic that I cannot refrain from inserting them.

Mrs. ——, aged 30, of a delicate constitution, mother of four children, has suckled thirteen

months. During the last three or four months she has complained of a degree of head-ach and vertigo, with restless nights, or disturbed sleep; pain of the side, breathlessness on any exertion, a dry cough, palpitation of the heart, and faintishness; the bowels are irregular, but mostly confined. She is pale and rather sallow in the complexion, with darkness under the eye; she is thinner, and weaker, and the ankles swell; there are slight shivering, and fever, without perspiration; the appetite is impaired, the stomach oppressed after meals, the bowels flatulent, the urine deposits a sediment, the catamenia are pale and scanty.

Such were the symptoms in this affection. They yielded favourably on weaning the infant, regulating the bowels, supporting the strength, and trying the country air.

Mrs. ——, aged 25, was confined four months ago. Before her confinement she had been subject to attacks of pain of the head, from a constipated state of the bowels, for which leeches were applied. She thinks she nursed too much, and was too much fatigued by the infant, during the first month after her delivery, and she never

regained her strength well. After that time, she began to take a full diet, with ale, porter, or wine. The bowels were all along much disordered and constipated. She required much medicine, and was subject to severe attacks of pain of the head, and of the left side, just under the short ribs, especially once, immediately after eating some pork. She was first obliged to have recourse to leeches, about the fifth week after her confinement; afterwards leeches were applied repeatedly; and she was once bled from the arm; the bowels were purged; and once she took an emetic at her own request, and the full diet was abandoned.

Notwithstanding these measures, the head became more and more affected, sometimes with much throbbing, and a sense of weight, sometimes with vertigo, once with intolerance of light, but more generally with intolerance of sound, and a little faintishness. Her strength at the same time failed much, and she was enjoined to wean her infant.

The head still became more severely affected, and there were morning and evening chills, followed by feverishness and throbbing, and in-

creased suffering; the stomach was much oppressed with flatulence, and the alvine evacuations were offensive.

At this time, the pilula hydrargyri was prescribed with mild aperients, daily; a cold lotion was applied to the head, and, in a day or two, a small blister to the nape of the neck, and strict quiet, mucilaginous food frequently taken, and fomentations of the feet, were enjoined. Under this mode of treatment the symptoms gradually subsided in the course of a week, and the recovery continued progressive.

On this case, I would observe, that the first attacks of suffering were most probably chiefly owing to the loaded and oppressed state of the stomach and bowels; they occurred before confinement, and recurred, especially on attempting a full diet. They were not, however, removed by the depletory and purging plan; for they were probably kept up by the state of lowness of the patient, induced by continued suckling, and by these very remedies themselves, concurring with the disordered state of the intestinal tube. But they were effectually relieved, and finally removed, by combining

mild aperient medicines with a mild but nutritive diet frequently given, and great quiet. The cold lotion was always grateful, except when the chills recurred. The slightest disturbance did great harm.

In some instances, undue lactation has induced a state of amaurosis.

In others, it has doubtless led to the formation or softening of tubercles, and so to incurable phthisis.

The mode of treatment involves the following particulars: first, the immediate weaning of the infant; secondly, an examined state of the alvine evacuations, for many days; thirdly, such remedies as may relieve the topical affections, as cupping to the neck, leeches to the temples, a cold lotion to the forehead, — and leeches, cupping, or a liniment, or blister to the side or chest, &c.; fourthly, a mild, light, nutritious diet; fifthly, mild tonic or cordial medicines; sixthly, the gentlest exercise in the open air; seventhly, sponging the surface with salt and water, using afterwards a coarse towel; eighthly, a strict attention to keep the feet warm; ninthly, mild anodyne medicines, as the liquor opii sedativus,

or the tinctura hyoscyami, if necessary to allay watchfulness, nervousness, or cough; ninthly, an immediate remedy for leucorrhœa, or menorrhagia, should either of these morbid drains have supervened; and, lastly, the most strict and assiduous attention to quiet of body and mind.

It sometimes occurs that, in the midst of a prosperous lactation, the milk fails suddenly. In this case, it will usually be found, that the health has failed also, and that the patient looks pale, feels feeble, and suffers from a constipated and flatulent state of the bowels.

All further suckling is to be suspended. The infant should be fed, or have another nurse, and should only be put to its mother's breast for a minute or two, from time to time, to excite and preserve the mammæ in the state of secretory organs.

Mild draughts with the compound tincture of rhubarb, the infusion of rhubarb, and manna, and, if necessary, with a little Rochelle salt, are to be given every second day to relieve the

bowels. The patient's health is to be restored by a mild, nutritious diet, and gentle exercise in the open air; and her strength is to be husbanded by avoiding the drain of lactation, until she is at length fully capable of undertaking the function of a nurse once more.

In this manner we may, except in very feeble subjects, be successful in enabling the patient to continue a nurse. Should her health again fail, I should advise that no further attempt to suckle should be made.

I had intended this subject for the second part of this treatise, but it is so allied, in many respects, to that of the ensuing chapter, that I have thought it best to insert it in this place.

CHAPTER IV.

OF SOME EFFECTS OF MENORRHAGIA, AND OF LEUCORRHŒA.

THE subject of the last chapter is allied in many respects to those of which I am about to treat. Their effects upon the system at large are very similar, being those of a varied state of exhaustion; they also variously concur in producing each other, as well as co-operate in inducing this state of exhaustion, undue lactation frequently leading to a state of menorrhagia or of leucorrhœa, and these latter, rendering the patient unable to bear the drain of lactation, or of supplying a wholesome secretion of milk.

Nearly similar remarks apply to the mutual influence of disorder of the general health, especially when conjoined with pallor, and great weakness, in its relations both to undue lactation, and to menorrhagia and leucorrhœa. It also renders the system incapable of supporting the drain of lactation, and deranges the secretion of the milk, so as to impair the health of the infant;

and it proves a cause both of menorrhagia, and of leucorrhœa, whilst it equally incapacitates the system from supporting these discharges. The same remarks apply also to all causes of exhaustion, which are of slow and insidious operation.

It is plain that I exclude, in these remarks, all coloured or pale discharges of a different character, and arising from local causes. The reader is once more referred to the excellent work of Mr. C. M. Clarke, for information upon these important subjects.

I think the term menorrhagia should be restricted to that form of complaint which *begins* with the discharge of a fluid which does not coagulate. When coagulation takes place from the first, the disease is more properly termed uterine hæmorrhagy. I mention this circumstance because the two diseases are certainly different in their causes and nature. Every case in which the discharge coagulates is not uterine hæmorrhagy in this sense of the word; there are few cases of excessive flow of the catamenia, indeed, which do not, in some part of their course, present the appearance of clots of blood.

Some females naturally menstruate profusely. This has appeared to me to be connected with a state of the uterus which is indisposed for conception.

Females who are corpulent, who indulge much in the luxuries of the table, and who inhabit a hot climate or warm apartments, are apt to become subject to menorrhagia, and, indeed, to leucorrhœa also.

Local excitement is also apt to induce a premature return of the catamenia; and even to occasion menorrhagia.

But, perhaps, the most usual causes of menorrhagia, are, as I have already noticed, disorder of the general health, and undue lactation, or any other source of exhaustion which is slow and insidious in its operation.

Precisely similar remarks apply to leucorrhœa, only the reflective effects of these two morbid affections upon the system are different.

From menorrhagia we generally observe, at first, the effects of exhaustion with re-action; from leucorrhœa, on the contrary, are produced the symptoms of pure exhaustion and debility, with defective re-action. When the patient is

stout, menorrhagia may recur often, or leucorrhœa may continue long, without inducing symptoms of exhaustion; but at length the system suffers in the intervals of the menorrhagic discharge, and from the operation of the protracted leucorrhœal drain.

The patient, in the former case, becomes pale, and affected with throbbing of the temporal arteries, and palpitation of the heart, alternating with vertigo and faintishness, and with many varied symptoms, which I think it quite unnecessary to repeat. At length the exhaustion may become extreme, and there may be an attack of apoplexy or paralysis, or the more slow accession of dropsy, as in other cases of exhaustion. The patient is sometimes corpulent under these circumstances; but there is real weakness. This affection sometimes continues for years disregarded. It is very frequently attended, I would rather say, produced, by a state of disorder of the general health, such as is described in the first chapter of this third part of my work.

In the case of leucorrhœa the complexion becomes pale and yellowish, but has a very dif-

ferent appearance from those observed in either Plate IV. or V.: it is not mere pallor; neither is it icterode. The former of these appears to me to arise from the condition of the blood, which is comparatively destitute of the red particles, and from a distended state of the capillary vessels, and, perhaps, of the cellular membrane; the latter has its seat in the cutaneous textures. But in that form of complexion which attends leucorrhœa there is neither the distended state of the capillaries, nor the morbid affection of the cuticle and cutis; but the vessels are probably bloodless, and the pale yellow sebacious glands are discerned through the skin, to which they give their own peculiar hue.

Neither is there, necessarily, the conditions of the tongue, which belong to those forms of disorder of the general health, though there is frequently the conjunction of leucorrhœa with those disorders.

Leucorrhœa is at length attended by great paleness, debility, thinness, nervousness, and frequently by œdema, by which the face is observed to be unequally puffed in the morning, and the ankles are swollen in the evening. There are

vertigo, palpitations, breathlessness, faintishness, coldness of the extremities, a feeble, frequent pulse, deranged digestion, and a constipated, flatulent, or relaxed state of the bowels, with very offensive, insufficient evacuations.

At a later period there are the still more formidable symptoms of feverishness, increased breathlessness, and cough, and other symptoms of slow and insidious exhaustion.

In the treatment of this affection, the cause is first to be attended to, the general health is to be restored, the infant is to be removed if the patient be nursing, and all local excitements are to be avoided.

The next object is to give tone and strength to the system in general, by a mild, light, cordial, and nutritious kind of diet, by gentle exercise in the open country, and, if possible, in the sea air, by sponging the surface with salt and water, &c.

The bowels must be strictly regulated, avoiding, at once, a loaded state of them, and too great relaxation. No single remedy is of such importance as the warm-water injection. This, however, should not be repeated too frequently;

and the draught with infusion and compound tincture of rhubarb, and manna, will, with the occasional adoption of this remedy, be generally found sufficient for moving the bowels.

To these remedies must be added, after a due interval, the sulphate of iron and sulphate of quinine, in small repeated doses.

Lastly, an injection of green tea, or of a solution of sulphate of zinc, or of alum, into the vagina, will assist in restraining the discharge; to which end, a lotion of alcohol and water, applied over the pubes and pudenda, will be found to conduce materially.

The remedies are obviously the same in menorrhagia and in leucorrhœa. I have not thought it necessary, therefore, to treat of each of these distinctly.

CHAPTER V.

OF THE PERIOD OF THE FINAL CESSATION OF THE CATAMENIA.

I AM of opinion that, if the general health were perfectly good, the cessation of the catamenia would always be accomplished naturally, without either disturbance or danger to the patient.

Every kind of irregularity in the return, flow, and appearance of the catamenia, may take place at this period. The question is frequently an anxious one, whether these irregularities portend the final disappearance of the catamenia, or not. The diagnosis and the treatment are at once suggested by an attention to the previous question of the state of the general health.

The remark which I have made in regard to the catamenia, I had also almost made in regard to those diseases of the mamma and of the uterus, which are so apt to occur in the later periods of life. They would probably be far more seldom seen, if the general health were

strictly attended to, before, and after, as well as during the period of this singular and important change in the female constitution.

The same observation applies still more forcibly to the attacks of paralysis, and of some other diseases which are so apt to occur in the later periods of female life.

In regard to the final cessation of the catamenia, I would, therefore, briefly observe, that the general treatment involves two points : — the restoration of the general health, if this be impaired, and, especially, the daily observation of the state of the bowels, and attention to diet, air, and exercise ; — and the second, to promote, by every gentle means, the flow of the catamenia when they do appear.

In regard to the head, it is to be observed, that the patient, at this period of life, is particularly liable to be affected with flushes, and with attacks of vertigo. In this case, besides a free evacuation of the bowels, and the most restricted diet, blood should be taken from the arm, but especially by cupping from the back of the neck. This is necessary, long after the catamenia have disappeared; for such is the

period, during which the patient is most liable to apoplectic or paralytic attacks. During the whole of this period, too, the patient should wear little or no hair, and wash the head with cold water, frequently; and the feet should be kept carefully warm. Supper should be avoided, and the head should be placed high in bed.

I think the danger, by no means confined to the exact period of the cessation of the catamenia. I have remarked that many of the attacks of apoplexy, or paralysis, have occurred several years after this change had been effected. This may have arisen from the gradually increased plethora during this interval. For some time after the disappearance of the catamenia, the person is frequently observed to grow corpulent. The operation of similar causes may, in other circumstances, lead to fulness of the vascular system, and to undue tendencies of the blood to particular organs.

It is during the same period that females are greatly subject to scirrhous formations in the sexual organs, especially the uterus and mamma. In some instances, as in one noticed by Sir Astley Cooper, and mentioned by Dr. Farre in his

late lectures, both the uterus and the mamma become scirrhous in the same subject.

The period including several years before the disappearance of the catamenia, the space occupied by this change, and several years afterwards, may therefore be, with great propriety, termed the first climacteric period of female life; and it is to be watched, for the reasons which have been amply detailed, and in the manner prescribed.

A subsequent chapter, with which this treatise will be concluded, will treat of the second climacteric period of female life, or the period of the decline of the vital powers in old age.

CHAPTER VI.

OF THE LOCAL DISEASES FROM DISORDER OF THE GENERAL HEALTH, IN THE LATER PERIODS OF LIFE.

THE local affections to which I allude in this place, which appear to me to arise from disorder of the general health, and to be particularly incident to the later periods of female life, are, paralysis, enlargement of the liver, dropsy, and scirrhus of the uterus or mamma. I have noticed these morbid affections in a general manner already. But I think it important to resume the subject, in order to state more clearly its importance, to notice the danger, and to lay down the modes of prevention and treatment.

It is but too well known, that the later periods of life in females are apt to be rendered helpless by attacks of a paralytic nature. Not only every physician, but even every private individual, is but too well aware of this sad fact. It is surely, then, an interesting inquiry, upon

what circumstances they depend, and upon what principles they are to be averted.

I have already repeatedly observed, that the principal danger arises from a disordered state of the general health, and especially a loaded condition of the large intestines. This is an important statement, for it suggests at once the mode of treatment. In fact, the patient is comparatively safe, if the bowels be unloaded, and the general health be watched.

The latter observation is very important. For if we were to be incautiously led to trust to the free evacuation of the bowels, or rather to carry this principle too far, overlooking the state of lowness and exhaustion which such a mode of proceeding would induce, we might plunge the patient into a danger of paralysis from this opposite cause. It is, indeed, as essential to safety, to preserve the due degree of fulness, and the due tone of the system, as to correct its disorders, and remove the intestinal load. Many causes of weakness may concur to induce paralysis. An attack of this kind sometimes takes place during the treatment or convalescence of a patient who has been seized with

some acute disease, see p. 275.; or it may occur from the influence of other circumstances of exhaustion, as fatigue, or from excessive heat.

There is another cause of apoplexy or paralysis, at this period of female life, in the cessation of the catamenia. Dr. Clarke, in the paper * which has been already quoted several times, observes, " whilst this periodical discharge continues, the blood is once in a month, at least, drained to the sexual organs, and the evacuation from the circulating blood, in the performance of this secretion, will have a tendency to lessen any disposition which might exist to accumulation in the head. Besides this monthly determination, it is most probable, that whilst these parts are in a capacity for propagating the species, there will be occasionally derivations of blood to the uterus and its appendages.

" When these cease, there is nothing to prevent the blood from accumulating in the brain. The peculiarity of sex is lost," and " from this time," females " become more liable to diseases,

* Transactions of the College of Physicians, vol. v. p. 109.

which in earlier periods of life attach almost exclusively to the other sex. Of this kind is apoplexy, which cuts off many women in advanced stages of life, especially if they have addicted themselves to a too great indulgence in taking animal food, high dishes, and fermented or spirituous liquors."

To this cause of fulness, must once more be opposed causes of the opposite state of inanition or exhaustion, as inducing the danger of apoplexy or paralysis. I now refer to what has been said of the effects of undue lactation, of menorrhagia, and of leucorrhœa, and of the tendency of these drains to induce apoplectic or paralytic seizures.

It is upon this last principle, especially, that we are to explain the occurrence of paralysis in the very latest stages of life, when the vital powers are about to fail. I think that, in most of these attacks, a loaded state of the large intestine, or an enfeebled state of the system at large, and a congested condition of the brain, and perhaps effusion, have concurred and co-operated together to produce the effect.

The principles of the prevention and treatment of these sad banes of the later periods of life, will be obviously deducible from the preceding observations. The bowels must be unloaded; the disorder of the general health must be corrected; the head must be relieved by cupping at the back of the neck, repeated according to the circumstances of the case; and the system must be guarded against a state of exhaustion. Such are the modes of prevention. In the treatment, active general blood-letting must be added to similar remedies applied in a still more efficient form.

It is quite needless to make any remarks upon the vast importance of the prophylaxis in this case. If it were not, I would merely remark, that one attack of this kind generally for ever cripples the unfortunate sufferer, and renders existence a burthen both to herself and friends. This observation is quite sufficient to impress an importance upon this subject, which scarcely any other, even in medicine, can be said to possess.

I have already alluded, p. 321, to an enlarged state of the liver, the effect of protracted dis-

order of the general health, and frequently denoted by the lobulated tongue.

Such a state of enlargement of the liver has been observed by Mr. C. M. Clarke, in conjunction with a mucous discharge from the vagina, arising from increased action of the vessels. This author observes, that "in many of these cases a slow enlargement of the liver takes place, which may be felt by applying the hand to the side. Generally a very small quantity of bile is mixed with the stools; and sometimes these become not only of a clay colour, but perfectly white. The fœtor of these stools is usually greater than that of stools in general, and it resembles more the smell of putrefaction than that of fæces. As the quantity of bile which passes into the bowels becomes smaller, the woman becomes more and more constipated, and the obesity increases. The vaginal discharge increases in quantity, the fluid of menstruation also is secreted more plentifully, and the intervals between the periods are generally shorter than natural: and these symptoms for the most part lead the patient to apply for professional advice. Upon enquiry, it will be found,

that fits of giddiness and of sleepiness have attacked the woman; that there has been pain in the head, perhaps indistinct vision, such as a waving appearance when the eyes are open, or a sensation of sparks when they are closed. These symptoms are sometimes relieved by spontaneous bleeding from the nose. In this way the case proceeds, in some instances disregarded by the woman, until the urgency of the symptoms demands attention.

"Many years may elapse before any danger is apprehended; and then all at once the woman may be attacked by a fit of apoplexy, or by some great internal hemorrhage, which may quickly destroy her; or she may gradually become weaker and dropsical, and at length die. The symptoms will be diminished after each period of menstruation. The mucous discharge probably is, in some degree, useful: hence, if a check be given to it, without employing any means of unloading the blood-vessels, the violence of the symptoms generally increases.

"The author has examined the bodies of women whom he has seen during life with such symptoms as have been described. He has found

the uterus somewhat, but very little, enlarged, and the liver sometimes increased to more than twice its natural size. It has been uniformly harder than a healthy liver, but there have not been any particular parts of the viscus more diseased than the rest: upon cutting into its substance, it has commonly appeared remarkably yellow." *

It appears to me, that the cure consists in an assiduous attention to restore the general health, and to keep the bowels free; in the usual local remedies for affection of the liver, but especially repeated cupping; in carefully guarding against apoplectic or paralytic attacks by topical blood-letting, — and against the formation of dropsy, by a due regard to the state and tone of the general system, in conjunction with those other principles of treatment.

I have already twice alluded to a peculiar form of dropsy, to which females are liable, under circumstances of derangement of the general health; pp. 68, 324. The following remarks of Dr. Abercrombie, which have been

* On Diseases of Females, part i. p. 302.

pointed out to me by my intelligent friend, Dr. Tweedie, appear to relate to this subject.

"To this class of dropsical diseases is perhaps to be referred a dropsical affection of a dangerous and insidious character, which attacks women about the time of the cessation of the menses, and often affects those who were previously remarkable for health and vigour of constitution. It may begin as the period of cessation draws near, but its progress is more rapid after that change has taken place. The disease begins with nausea and oppression of the stomach, especially after meals. The appetite is in general not bad, but it is variable and capricious. The pulse is natural, and of good strength. There is, from an early period of the disease, anasarca of the legs, at first slight, but gradually increasing, and extending upwards on the thighs and the trunk of the body. The patient who, perhaps a short time before, was remarkable for activity, becomes sallow, listless, and inactive. As the disease advances, effusion takes place in the abdomen, and there is a considerable decay of flesh and strength. Sometimes there is difficulty of breathing, with symptoms of effusion

in the thorax. The complaint may go on for several months. Diuretics, purgatives, and tonics, may palliate particular symptoms, and retard its progress, but it frequently baffles every mode of treatment. It is apt to terminate suddenly and unexpectedly, by slight delirium, succeeded by coma. On dissection, effusion is found in all the cavities, but no disease can be detected in any of the viscera. This dangerous and unmanageable disease seems to have been more attended to by continental physicians than it has been in this country. It is by them reported to have been frequently carried off by critical hemorrhage from the nose; and blood-letting is said to have been used with much advantage. A dropsical affection, analogous in its nature, and in which the same treatment is said to be beneficial, occurs in men about sixty years of age who have led a life of luxurious indolence. By the continental writers already referred to, it is described as a common disease of monks." *

Nothing can be more obscure than the ques-

* Edinburgh Medical and Surgical Journal, vol. xiv. p. 176.

tion of the causes of scirrhous diseases. I can only suggest that, as this period of female life is particularly exposed to such formations in the rectum, uterus, and mamma, the utmost attention be paid to the general health, and especially to the condition of the functions of these parts, as the most rational kind of prophylaxis.

CHAPTER VII.

OF THE DECLINE OF THE VITAL POWERS IN OLD AGE.

There cannot be a more interesting subject of philosophical, as well as medical inquiry, than that of the effects of a gradual sinking of the vital powers. The subject allies itself intimately with the effects of sinking from the various sources of exhaustion; and it is identical with the case of an animal deprived of some parts of the nervous energies, by the division of certain nerves, and so abstracting the influence of the brain and spinal marrow.

But this is not the place for philosophical discussions; I would, therefore, only observe, that the physiological reader will, I think, trace a similarity, if not identity, between some of the interesting experiments of Dr. Philip, the phenomena of sinking from loss of blood, as I have described them in the Medico-Chirurgical Transactions, volume xiii. pp. 130—137., and

the phenomena of the decline of the vital powers in old age.

The state of sinking in old age has been described by Sir Henry Halford, in a paper which is, as I know from experience, full of accurate and interesting observations.*

This state of sinking is apt to come on unattended and unpreceded by the symptoms of reaction. There are transient flushes of the cheeks, and an increased frequency of the pulse; the force of the arterial beat does not, however, pass beyond that of health, but, on the contrary, becomes gradually more and more feeble.

Nothing can be more accurate than Sir Henry Halford's description of this state.† He observes, "It sometimes comes on so gradually and insensibly, that the patient is hardly aware of its commencement. He perceives that he is sooner tired than usual, and that he is thinner than he was; but yet he has nothing material to complain of. In process of time his appetite

* Transactions of the College of Physicians, vol. iv. p. 316.

† Ibid. p. 318—320.

becomes seriously impaired: his nights are sleepless, or, if he get sleep, he is not refreshed by it. His face becomes visibly extenuated, or, perhaps, acquires a bloated look. His tongue is white, and he suspects that he has fever.

"If he ask advice, his pulse is found quicker than it should be, and he acknowledges that he has felt pains occasionally in his head and chest; and that his legs are disposed to swell; yet there is no deficiency in the quantity of his urine, nor any other sensible failure in the action of the abdominal viscera, excepting that the bowels are more sluggish than they used to be.

"Sometimes the head-ach is accompanied with vertigo; and sometimes severe rheumatic pains, as the patient believes them to be, are felt in various parts of the body, and in the limbs; but, on inquiry, these have not the ordinary seat, nor the common accompaniments of rheumatism, and seem rather to take the course of nerves than of the muscular fibres.

"In the latter stages of this disease, the stomach seems to lose all its powers; the frame becomes more and more emaciated; the cellular membrane, in the lower limbs, is laden with fluid;

there is an insurmountable restlessness by day, and a total want of sleep at night; the mind grows torpid and indifferent to what formerly interested it; and the patient sinks at last, seeming rather to cease to live, than to die of a mortal distemper."

The countenance, besides being thinner and paler than before, often betrays a peculiar imbecility both of the muscles, and perhaps of the mind or feelings, by certain peculiar rapid movements observed in the chin and cheeks. A similar debility is observed both in the articulation and in the movements and manner in general. The feelings are, in some instances, very susceptible, and the patient is apt even to shed tears, and is unable, perhaps, to bear society. Besides the head-ach and vertigo, there is sometimes a degree of fluttering in the region of the heart or stomach, and the pulse is apt to be irregular; the breathing is easily hurried by exertion or emotion; the patient is soon fatigued; there are wakefulness and restlessness, with thirst and heat; the ends of the fingers are apt to become of a pale livid hue and cold; the muscular flesh wastes, and the patient is observed to be 'much

altered.' The voice becomes husky, the bronchia clogged with mucus, the bowels distended with flatus, the appetite impaired.

In this state of exhaustion, I have several times known an attack very similar to paralysis to take place. In one patient the head fell down upon the chest, the muscles of the back of the neck becoming all at once affected with such debility as to be incapable of supporting it. From this debility the patient recovered gradually, and was once more able to hold his head erect. — Another patient suddenly lost, in a great degree, the power of articulation and of deglutition. He recovered this power in a considerable measure, but soon passed into a fatal sinking state.

Such is the state of things before that of positive sinking begins; and from such a state the patient may recover; but in a short time, if recovery be delayed, that other change takes place, and appears to lead irretrievably to dissolution.

It is at this moment that the care of the physician is required to relieve and assist Nature in her attempts at restoration. The bowels probably require to be gently unloaded; the

strength to be cautiously sustained by wine and proper nourishment. I have used these guarded expressions, because I have known the too active operation of medicine obviously to plunge the patient into a state of dissolution; and I have known an untimely and improper administration of wine to induce flushing and delirium. The bowels should rather be solicited by the warm-water injection, and then, and not till then, wine should be given with nourishment.

These observations are highly important. For although we may not be able to do effectual good, in these cases, we are not the less anxious to avoid the imputation of having done harm. And the occasion of our present prescription is frequently one of great tenderness, if not of anxiety, in the younger relatives of our patient.

The next stage of this affection is that of decided sinking.

With increased debility of the muscles and of the pulse, there is now slight delirium, with a tendency to dozing; there is rattling in the throat and in the bronchia, with laborious and imperfect breathing; phlegm in the trachea is even perhaps the first symptom of sinking from

age; in some instances there is retention, with or without incontinence of urine; the cheeks, hands, and feet become pale, livid, and cold, and the eye is covered with a film of mucus;—after some unusual effort, or, perhaps, just after the bowels have been moved, the patient frequently expires rather suddenly; otherwise there is the most gradual sinking of the powers of life, perhaps after several unexpected changes for better and worse.

I here insert an enumeration of the symptoms of this sinking state, in the last patient whom I had occasion to see under its influence.

The first symptoms were huskiness of the voice, phlegm in the throat, and an obvious loss of flesh, colour, and strength.

Afterwards the huskiness and phlegm increased; the loss of flesh was most remarkable in the muscular parts, as the thigh, or calf of the leg; there were alternate slight paleness and flushing, the pulse being rather frequent, and apt to intermit; the tongue was furred and rough, the appetite failed, and there was a flatulent and constipated state of the bowels.

There was little or no head-ach, but the

nights were wakeful and restless, and the muscular debility induced aching pain of the loins.

Sir Henry Halford observes, "though this climacteric disease is sometimes equally remarkable in women as in men, yet most certainly I have not noticed it so frequently nor so well characterized in females." He adds, "of the various causes to which this malady may owe its commencement, there is none more frequent than a common cold. When the body is predisposed to this change, any occasion of feverish excitement, and a privation of rest at the same time, will readily induce it. A fall, which did not appear of consequence at the moment, and which would not have been so at any other time, has sometimes jarred the frame into this disordered action; but, above all, anxiety of mind and sorrow have laid the surest foundation for the malady in its least remediable form."

THE END.

LONDON:
Printed by A. & R. Spottiswoode,
New-Street-Square.

EXPLANATION

OF THE

PLATES.

Explanation of Plate I.

The three figures in this plate represent the states of the tongue and gums, in disorder of the general health, in its more acute form, described Part I. Chapter II.

J. Stewart, sculp[t]

EXPLANATION OF PLATE II.

This plate pourtrays those remarkable states of the tongue, observed in the more protracted forms of disorder of the general health, and described Chapter III.

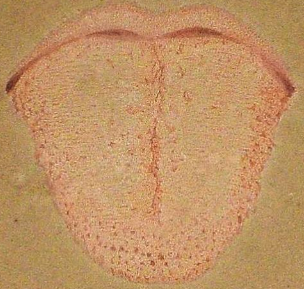

Fig. 4.

Fig. 5.

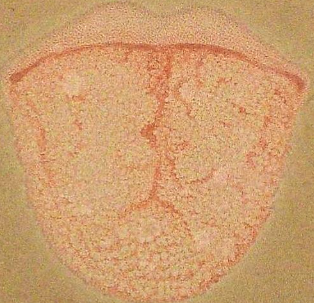

Fig. 6.

J. Stewart sculp.

Explanation of Plate III.

These figures represent the condition of the tongue, in the incipient and confirmed stages of chlorosis, described in Chapter IV.

Fig. 7.

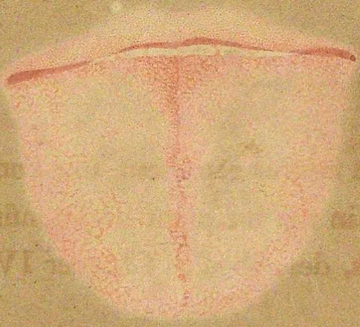

Fig. 8.

Fig. 9.

J. Stewart, sculp.

Explanation of Plate IV.

This plate pourtrays the state of the complexion, of the eyelids, and of the prolabia, in confirmed chlorosis.

Explanation of Plate V.

In this plate is pourtrayed that kind of complexion which I have termed the icterode, from its resemblance to jaundice; the tunica albuginea is, however, free from yellowness, the prolabia are far less pale, than in the former plate, and the catamenia are proportionately so too.

Explanation of Plate VI.

The complexion given in this plate, is of a pale slate-hue. The prolabia are rather pale, but far less so than in chlorosis.

Explanation of Plate VII.

In this plate is displayed the peculiar dark ring encircling the eye-lids, described in Chapter V. The prolabia are of a healthy hue.

Explanation of Plate VIII.

In figure 14. is represented a state of the fingers frequently observed in several of the protracted forms of disorder of the general health; the colour is slightly livid; the nails are blue at their origin, flesh-coloured in the middle part, and white and opaque at their tips.

Figure 15. represents that brittle, and exfoliating state of the nails, which has been repeatedly noticed in the preceding pages.

Figure 16. pourtrays the condition of the hand in the confirmed stage of chlorosis.